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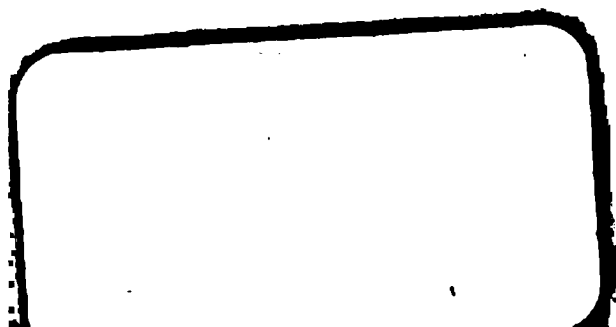
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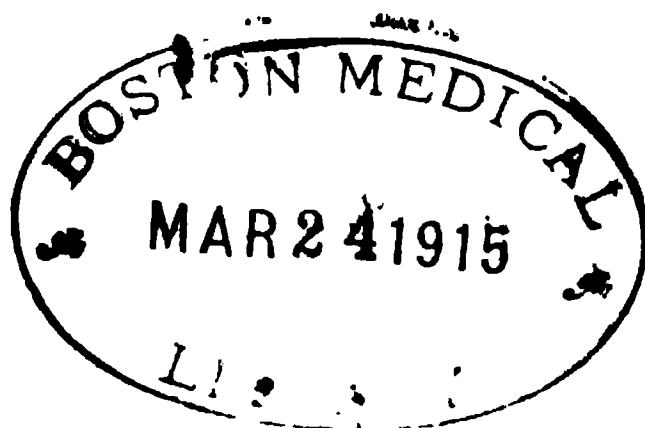
THE
MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY

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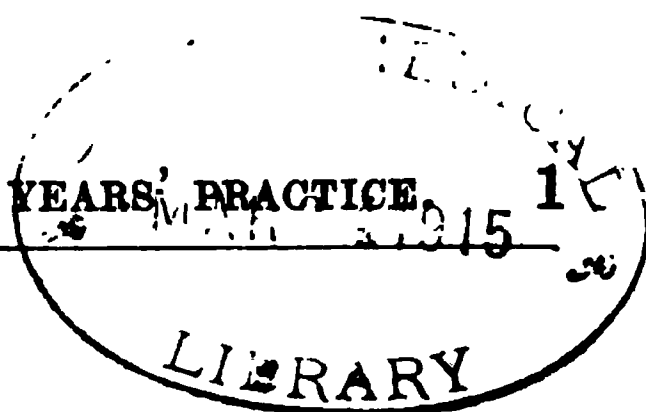
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THE MONTHLY HOMŒOPATHIC REVIEW.

A REVIEW OF THIRTY-SEVEN YEARS' PRACTICE
OF HOMŒOPATHY, MAINLY IN RELATION TO
"THE TWO PATHS," AND "THE DOSE." *

By A. C. CLIFTON, M.D.

GENTLEMEN,—It has recently been remarked, "We do not do things *for reasons*, but *find reasons*, for what we do." And this is my position to-night.

You will remember, that at the beginning of last session, our colleague Dr. Clarke, read a paper here entitled *The Two Paths in Homœopathy*, directed largely against what he thought was a growing and pernicious habit by Homœopaths, of prescribing from a pathological standpoint. In the following month a more recent colleague, Dr. E. A. Cooke, who we gladly welcome, read a paper entitled *Therapeutics as an Applied Science*, bearing mostly upon *the dose*.

These questions you are also aware, are by no means new, and I just say, my own memory in relation to the polemics of the same, goes back to the first homœopathic congress in this country, held at Cheltenham in 1850, when these topics were freely and somewhat fiercely debated, on the one side by Dr. David Wilson a very

* Read before the British Homœopathic Society, December 4, 1891.

earnest, diligent and able practitioner, of the (so-called) Hahnemannian school, and on the other hand, by Dr. Henry Madden (of happy memory) an equally diligent, and earnest worker, a man of wide experience, and critical acumen. Several other of our ablest men joined in the fray, together with Dr. Carroll Dunham, who fairly represented the most catholic, yet definite thought on homœopathy in America. Since then, these questions have been well presented in our journals, at this and kindred societies, and have been freely discussed. But as very little, if any, good was the result, they have for many years, and by general consent, been mostly in abeyance, and I think rightly so. Nevertheless, I submit, and in opposition to the views of some of you, that these questions bear largely for good or evil upon Homœopathy, and that perpetually abstaining from their consideration is detrimental to our cause.

With this conviction I hailed with pleasure the papers alluded to, but while they were valuable contributions, and presented in a liberal spirit, I contend they were mainly theoretical and speculative, and for this reason unsatisfying; for in order to get so much as an approximation to the truth, I hold, that collective individual experiences and thought, are needed, to correct or confirm the theories advanced. On those occasions, however, time did not permit of more than a cursory glance at that aspect of the case, either by the authors of the papers or those who took part in the subsequent discussions, and I think the questions ought not to be so summarily dismissed. Hence the reason for this paper, to take up the same mainly on the practical side, and in the light of experience.

In suggesting further consideration of the aspect of the case just named, I am, however, met by what, you will to some extent all admit, viz., the *comparatively* little value to be attached to *individual experience*, and observation, conducted apart from the critical and correcting eye of other men of a different turn of mind, for howsoever honest a man may be and desirous of estimating his work correctly, his temperament, mental proclivities, education and environment, will necessarily warp and bias his judgment; if, however, we wait for perfect testimony, I submit this will be to our injury, and we had better take the imperfect observations of *the many*,

and draw the best lessons from the whole. When we have a larger hospital, with increased facilities for inquiry, by a staff of medical men as able as now, men of somewhat diverse views but all eager for the truth, then may we expect more satisfactory evidence. This not being now attainable, I submit my own experience and thought, and I trust it will not be entirely unworthy of your consideration, partly because it covers 37 years or thereabouts, and partly because my present convictions are somewhat at variance with my early opinions and mental leaning, and now, in order that you may see more clearly the course pursued, I lay before you the main outlines of my practice in three successive periods.

First period of about 15 years. This corresponded, so far as I could make it, with the teachings of *The Organon*, aided by observation of the practice, and suggestions, of Dr. David Wilson, and Dr. John Epps; hence you who knew those able practitioners will believe, I ignored "*pathology*," and relied upon "*totality of symptoms*" in the sense accepted by them, as a guide in the choice of my remedies. My *dose*, moreover was chiefly confined to the 12th and 30th centesimal up to the 200th, and *all made by myself* according to the directions by Hahnemann, but sometimes Jenichen's, and Lehrmann's so called potencies were prescribed.

Second period of about 10 years. Here *pathology* and *clinical observations*, somewhat influenced my practice, but "*totality of symptoms*" in a rather wider sense still held the field. My *dose*, however, was larger, principally, the 12th to 3rd centesimal, but occasionally higher.

Third period of about 12 years, and until now. Here I have gone further on "the broad road and down grade line," for *pathology* and *clinical observations* have more often directed me, at the same time *individualisation* of cases, and "*totality of symptoms*," the latter in a still wider sense than before, have been followed. My *dose*, moreover has been larger, seldom higher than the 12th centesimal, more often from the 6th down to the matrix tincture or crude drug. Moreover, I have occasionally prescribed a direct aperient, hypnotic or sedative medicine in a material dose, but during the whole course of practice I have largely abstained from giving medicines in quick and repeated alternations.

Before submitting my inferences from these aspects of practice it may be well just to touch upon the question of *evidence*, and the *method of investigation pursued*. For several years in the first period alluded to this was characterised on my part by want of reflection and too ready belief of all I heard or read in favour of homœopathy, and in my practice attributing all recoveries to the last phase of treatment and the last medicine prescribed (by the way, I say not a very singular fault). In process of time this error became apparent, showing the need for enquiry; at first this was very timidly pursued, but as no harm but rather good was apparent it was then prosecuted in a more severe and rigorous manner, like what many of you have adopted. For instance, when a medicine seemed beneficial, while oft-times, and very naturally, it was continued, but at rather longer intervals, yet very often a placebo in the form of *saccharum lactis*, etc., was resorted to, corresponding somewhat to Hahnemann's directions; if the improvement was maintained the placebo was continued, if, however, the patient became worse there was *some ground* for belief that the first prescription by medicine was beneficial, and was therefore again resorted to. On the other hand when no improvement from a medicine, which nevertheless appeared homœopathic to the case, rather than change the medicine, another dilution of the same, from 30 or upwards, or down the scale, was given with occasional intermissions, and if then no manifest amendment the case was again reviewed and search made for a more homœopathic remedy. In a similar way *seeming aggravations* from both high and low dilutions have been minutely and rigorously examined.

From this investigation, although I do not dispute the inferences by many other men, from their practice, oft-times better than my own, I am nevertheless convinced that much of the *clinical evidence in favour of cure by medicine*, is very incomplete, and has been greatly over-estimated, and the same remark applies to *the dose*, in one direction especially, *i.e.*, above the 12th centesimal, hereafter to be considered, and my ground for this heresy is, that I think sufficient allowance has not been made for the exciting causes of disease which, during treatment, have ceased to exist, and mostly apart from medicine, nor for accessories to medicines employed

greatly contributing to the cure, which medicine has been unduly credited with. Take, for instance, a fact most of you are conversant with, for a few weeks more or less, what may be called waves of special forms of disease, of varying intensity, and oft-times of no great severity, come under treatment, mainly atmospheric or climatic in origin, and here our medicines for a time will often *seem* to fail us, and afterwards rapidly *appear* to cure, yet in the latter case this is often set down to the medicine, rather than other causes named, and although this tells in our favour by the patient, fortunately for us, I contend we, as physicians, should estimate it more correctly.

Although so far sceptical, I am at the same time more than ever convinced of the cure of disease by medicines homœopathic to the same, and that no other system of medicine is comparable with this efficacy; what I mainly protest against, is the *one sided* and *unsatisfactory evidence* often adduced, such, for instance, as when we are told that *lachesis* 10 m. cured a case of diphtheria; *sulphur* 8x a long and lingering case of syphilis; and *pulsatilla* 40 m. a case of consolidation of the lung; for here I say, together with similar clinical evidence, brought before us, apart from full information of the symptoms and attendant circumstances, and apart moreover from the observation and testimony to *the same*, by other men, that while at one time I accepted such evidence, I no longer do so.

Leaving now the *general* aspects of our controversy, I pass to the *special*, premising that I think our differences on some points are largely due to the absence of definite and accepted interpretation or meaning of the terms or phrases we employ.

First pathological prescribing. Here, while I cannot formulate or present a scientific and correct definition of the term, I nevertheless say that if it implies prescribing for a given case, from its supposed nature, derived principally from its etiology and general development or nosological arrangement, this is so far unsatisfactory to me. If, on the other hand, it embraces remotely antecedent causes, including consanguinity, together with the general phenomena present in this sense, I contend pathology emphasises many symptoms otherwise not sufficiently seen, and at the same time enables us to prescribe in a more

intelligent and certain manner, and so far I accept it. Further, I contend that in some cases we have but little else to guide us, and as one example I give the following. About 14 years ago, for an infant, with three of the largest nævi I have ever seen, the usual topical treatment by nitric acid, &c., as well as surgical measures were resorted to for two months without avail. As one nævus got better another got worse, and at last that treatment was discarded in favour of internal medication *alone*, and solely from the pathological standpoint, derived from the history of the parents and grandparents in their individual and collective characteristics. This case was *cured* by internal medicines, selected on that line, and only yesterday I saw the patient, now 15 years old, who, up to the last week or two, had scarcely ever since had anything the matter with her, and in all respects had been a very healthy individual. The precise treatment adopted, together with description of case, was reported in the *Monthly Hom. Rev.*, 1880.

Moreover the objection raised to pathological prescribing appears to me greatly *theoretical*, from what can be seen of the practice of the objectors, as reported in our journals. Take for instance a so called sarcomatous tumour, recently brought forward. Here the prescription was apparently based upon pathology, and in the narrow sense of the term, viz., vaccination, its supposed cause, and while this may be considered a flagrant example, it might be largely multiplied by others of a somewhat better character and by men who at the same time protest against it.

Lastly here. The objectors to pathological prescribing appear to me very inconsistent, inasmuch as to some extent they rely upon clinical observations and indications, and while I hold that these help to fill the gaps in the records of the pathogenesis of drugs, and are highly serviceable, I yet contend that they only cover a few symptoms, are general inferences, speculative and unreliable, hence I say that if the objectors on the one hand to pathology accept clinical indications, they ought on the other hand to reject the latter. For my own part I believe both are serviceable, so that they are not depended upon too much.

Secondly. Totality of symptoms. This is a wide phrase, and as you are aware has come down to us from

Hahnemann, who not only told us what he meant by it, but gave us examples thereupon; at the same time, there is good reason for believing he did not always and practically adhere to it, nor was so great a symptomatologist as some of his ardent disciples maintain, and here you will remember the important testimony last session by our esteemed colleague Mr. Cameron, who was one of his pupils. Leaving, however, this aspect of the controversy, on which there will be a difference of opinion, you nevertheless know that some omit in their conception of the term, objective symptoms, but take in every subjective symptom, howsoever minute, and shade of expression, considering this the true meaning of the term and *the only true path*; others I suggest, include both class of symptoms, but take less notice of the subjective, though by no means ignoring them and for the most part look upon some symptoms as characteristic or of most importance and largely ruling the whole, and by this means bringing the totality within a more limited and definite sphere of observation, and this I say, is my conception at the present of how the term should be used, including the side lights from pathology, and constituting *the true path*.

I have already said that for many years I adopted the former or (so-called) Hahnemannian idea of the term, and earnestly sought for the simillimum in medicine on that line: that subsequently and increasingly I adopted the broader conception of the term, and now say, as a result of such experience, that although the first method yielded eminently curative results it was nevertheless largely disappointing, and far from commensurate with the results of the practice, from the subsequent interpretation of the term. While moreover it fell short in this respect, it was infinitely more difficult and oft-times impracticable, as in order to carry it out *thoroughly and efficiently, repertorial aid was necessary in every case*, which could not be done, unless but few patients were seen.

Nevertheless, gentlemen, in so-called "*chamber or consulting practice*," I, like many of you, still seek aid from our repertories, and especially from the *Cypher Repertory* of the Hahnemann Publishing Society, and find the same highly valuable in chronic and difficult cases; but when visiting patients I never do this, but

trust to my general knowledge of our *Materia Medica*, aided by accepted characteristics or keynotes of medicines; and further, in dispensary work, when thirty or forty patients are seen in the space of two hours or little more, the *unlimited* "*totality of symptoms*," method is impossible; and yet I say my success here as well as in private practice has been better on the whole than from the former method.

While, however, objecting to the very minute and as I think excessive and needless symptomatology, insisted upon by some of our colleagues, who at the same time largely ignore pathology, I yet submit there is great danger of our trusting too much to that as well as to clinical observation, and thus falling into a routine and slipshod method of practice, such, for instance, as one out of many that might be adduced, of prescribing *hepar sulphuris*, *mercurius* and *silicia* in suppurative processes, mainly on pathological, clinical, and nosological lines, rather than from an ascertained resemblance of the pathogenesis of the medicine to the case in point, and which I contend is often done, for although these grand and well proved medicines largely and often correspond to the morbid condition alluded to, I hold that if more care were taken in relation to the symptoms as a whole, other medicines would often be found, better answering to the same, and more curative, and in this respect the question appears to me mainly one of degree, and how far practicable.

Third. The question of dose, a much vexed and thorny point, now confronts me, and considering the many illustrious men, scientific, practical and conscientious, who have investigated the subject in various aspects, but who have yet left it in a very unsettled state, I feel somewhat aghast in offering any remarks myself, especially as I differ very much from the conclusions of some of them. Nevertheless, so far as my views are presented in a fair and catholic spirit, I am sure of your indulgence.

Although here we have a large amount of testimony that attenuations of 30 and upwards are curative when the medicine is homœopathic to the case, and oft-times *more* efficacious, and better to be relied upon than others, at the same time I think we have not only an *equal* but

predominating amount of testimony, and by as competent observers, that although the high dilutions may be curative in some cases, the low are *more* efficacious in *most* cases, and here the matter so far rests undecided.

What I therefore suggest is needed, is *not so much*, the proof of medicinal action of high dilutions in some case (as this is largely admitted), but more clear and definite *proof* than has already been shown, of their *greater* efficacy, not only in a few forms of disease or idiosyncracies of patients, but *generally* or so to speak, *as a rule*, inasmuch as "it goes without saying," that unless this is an *absolute fact*, or exceptions to the same are set forth, the only advantage from their use, is in ministering to the desire for seeing the *wonderful* in art, which by itself, and to us as physicians is not worth notice. If, however, more clear and certain testimony can be adduced on that line, by all means let it be done, but if not, then I say, that so far as the dose can be brought, within a narrower and lower sphere generally, and proved to be *as* efficacious, though no more, this will tend to the advantage of homœopathy in ways needless here to dilate upon.

I am now, gentlemen, brought to stand at bay, inasmuch as my examination of the subject and inferences therefrom yield but little, if any more, *definite* and *satisfactory* results by way of *proof*, than that of other men, and in some respects are probably more defective. If time permitted I might have adduced more critical and perhaps satisfactory evidence, but this is not the case, and all that can be done is to submit the general conclusions at which I have arrived.

I need not again set forth in detail my successive steps in the employment of doses from the 200th down to zero; nor how at different times and various ways I examined the grounds for belief with regard to the action of all. But as a result of the enquiry I say that although in the early period attenuations from 12—30 and upwards *appeared* highly *curative*, and in some cases seemed to cause *aggravations*, subsequent and closer investigation did not confirm the same; in fact, and to a large degree, the seeming *aggravation* from doses above the 12th attenuation have been found wanting in proof and accounted for from other causes. In the next period

the medium attenuations appeared still further beneficial, and with greater proof. While in the last period doses from the 12th downwards and especially below the 6th have, on the whole, yielded infinitely better results.

Finally here, while for many years my faith in attenuations of 30 and much higher was *very strong*, and although even now I do not *absolutely* and *entirely* dispute their action, nor indeed see any limit to the same in an upward direction, I nevertheless confess to a large amount of scepticism, and I contend the evidence in their favour is weak and certainly *inconclusive* compared with the evidence with regard to the beneficial action of larger doses, and in the general run of cases.

In submitting my experience and thought on these points while I ask your kind indulgence in regard to the diffuse and verbose manner of presenting the same, nevertheless, so far as you see, the practical defects and inconsistencies of my observations, I rather ask for your candid criticism however hostile this may be.

I by no means desire to put back the clock in relation to any of the questions, so far as it is correct, but rather to suggest the various influences bearing upon it and showing the need for more careful investigation of the correct time, and with an ardent desire for a fuller knowledge of the truth, which I am sure many of you will supply links in the chain thereof.

DISCUSSION.

Mr. HARRIS had not found much that was new to him in the paper; he had been so intimately associated with Dr. Clifton that he was acquainted with all the stages of which Dr. Clifton had spoken. Mr. Harris, who owed his knowledge of homœopathy to Dr. Clifton, had not begun so high as he. With regard to dose, he had observed that those who had a select practice and plenty of time had gone in for the high potencies, but those who had large general practices had adopted the low potencies. He said in the debate on Dr. Clarke's paper, that there were "two paths," but now he would rather say there was only one; but the kind of progression depended on the walker. If he walked on the "pathological" leg or on the "symptomatic" leg, the progress was jerky. If a man walked on both legs he got on better. The practice with the high potencies was a speciality

and might succeed when others failed ; but this would not do for large general practice.

Dr. BURFORD praised the exceedingly broad and catholic spirit of the paper, and the constant striving after progress it exemplified. He commented on the progress of Dr. Clifton and its downward tendency and the opposite tendency of Dr. Clarke's progress. We know that low dilutions are capable of working miracles ; the same may be said of the high. The question is what is the practical range ? The solution is not very easy except in Carlyle's maxim—the tools to the hand of him who can best use them. It is a necessity for each man to make up his mind as to the best line for him to follow if progress is to be made. Goethe says there are certain methods which must always be searched for, but never found. We cannot find an ideal practice, but we must always strive after it.

Dr. NEATBY had travelled the path of Dr. Clifton in one-fourth the time. At the present time he found himself taking all kinds of signs and symptoms into the " totality "—going from the 200th to the strong tinctures, etc., in the matter of dose. He had hoped Dr. Clifton would have alluded to the opposite action of medicines in small and large doses, as bearing upon the choice of potency.

Dr. COOK had come to the conclusion that medicine could never become an exact science, as there was no possibility of getting a single cause at work. In the human body there are a number of causes acting. In cases of cure, could gentlemen say that all the effects came from one dose ? He exemplified this by certain experiments on himself when contradictory results were observed apparently from a certain dose. He afterwards discovered another cause had been operating, and it was not the result of the medicine at all. Doses must be varied according to the individual for whom you are prescribing, and this was not so much a question of symptoms as of temperament.

Dr. GOLDSBROUGH thought he might interpolate a word of congratulation on the appearance of the first volume of the *Hospital Reports*. In this was our hope. He felt more sceptical now than formerly, not as to the power of medicines, but as to what one had attributed to medicine. He thought investigations should be pursued with a view to the discovery of the relationship of symptoms and pathology, both in disease and in the effects of drugs on the healthy. This hospital was the place for these questions to be worked out, and the *Reports* should give the results.

Dr. DYCE BROWN said it was of great value to have such an experience as that of Dr. Clifton. He thought the question

of symptomatology and pathology was looking at two sides of one shield. Symptomatic treatment included objective as well as subjective. Amateurs often select medicines wrongly from not knowing pathology. In the matter of dilution he thought either extreme was entirely wrong. It seemed to him the most useful plan was to observe each individual case, and watch indications for changing the dilution. The most successful practice was to use all dilutions.

DR. MORRISSON said there was one point that had not been alluded to, that was the diagnostic effects of medicine. Here the primary and secondary action of medicine was touched. For seven years he paid great attention to the high potencies. He had seen very good results, but the results did not satisfy him, and he used now both the high and the low.

DR. HUGHES, after expressing his sense of the value of Dr. Clifton's paper, said that the essential question at issue between the so-called "Hahnemannians" and the liberal homœopaths hinged mainly on the selection of the remedy and the choice of the dose. As regards the former, both agreed that it must be based on the totality of the symptoms, but they differed as to the relative importance of these—the "Hahnemannians" caring more for the subjective and mental, the other wing preferring the objective and physical. He (Dr. Hughes) thought that both methods were right, but in different stages of disease—the one finding place when this is forming, the other when it is formed. When genuine disease is already present—inflammation, fever, commencing organic change—he regarded the "Hahnemannian" procedure as merely symptom-blotting and palliation, and only to be justified on Dr. Allen's plea that no other medicinal help is then possible—which he could not allow. Dose, he thought, followed very much upon selection. While disease was nascent only, the higher potencies often acted brilliantly; but when once it was established, he agreed with the great majority of the homœopathic school that the lower dilutions and mother tinctures did most for our patients. He illustrated this principle by the use of *arsenic* in cutaneous diseases, and supported it by a quotation from Hahnemann, to the effect that "in cases where, along with a local affection, the general health seems good, we must proceed from the at first small doses to larger ones."

DR. CLARKE said he was indebted to the kindness of Dr. Clifton for an early perusal of his interesting paper, and he was proud to find that his own paper of last session was the cause of its being written. With very much of it he fully

agreed: as to the necessity, for instance, of each practitioner keeping a critical and even sceptical eye on his own practice. Dr. Clifton was 15 years before he found this out. He (Dr. Clarke) had the advantage of him there. The observance of this precaution had helped him out of allopathy into homœopathy, and again out of the looser homœopathy into the stricter kind. It took Dr. Clifton fifteen years to get through one stage: He (Dr. Clarke) had passed through all the phases in a shorter period. In regard to the paper itself, he had searched it diligently for some points to which he might raise objections but had found little to take hold upon. Dr. Clifton's writings always had a fascination for him from their practical value, and in spite of his confession of degeneration, he doubted if there were many more strict and accurate prescribers than Dr. Clifton in the country. It seemed to him that Dr. Clifton's success was in no small degree due to the strict practice of his earlier years, which had been drilled so deeply into him that in time he did it with less effort, and was thus easily able to widen his ideas as to how much the totality of the symptoms included. By pathology Dr. Clifton seemed to mean the causation and heredity in disease—both important factors in the sum of every case. "Pathological prescribing," in the sense in which Dr. Clarke used it, meant, first, naming a disease and then treating the name; for instance, pneumonia with *phosphorus*, pleurisy with *bryonia* and the like. This is a very different thing from the prescribing of Dr. Clifton. Dr. Clarke believed that there were a number of possibilities of cure—by organopathy, as exemplified in Dr. Burnett's works, by isopathy, and others, and he was much obliged to any man who would show him how to do it; but, as Dr. Clifton said, they were often driven to bay, then the only thing to be done was to hunt up the case in the repertory and match the symptoms of the case with the symptoms of the patient. In his practice the cases of this kind were so numerous that he endeavoured to follow the principle out in all. As to the question of the dose, he did not think that there was any right or wrong in it. Each attenuation represented a different potency, and the point was to find the proper place of each. It seemed to him that Jahr's explanation was the most satisfactory. In the figure of lines radiating from a centre he represented the action of drugs in their crude and attenuated state. At the centre many drugs acted very much alike; away from the centre their characteristics came out more strongly. That in some cases fine powers were more effective than coarse was exemplified in Mr. Picken's article, just published in *The Homœopathic*

World. "Billows," as Professor Tyndall puts it, "are powerless to perform what ripples effect with ease." However, each man must find out for himself what he can use with best effect ; but he would emphasise Dr. Clifton's warning against the danger of falling into routine which lies in loose prescribing. Those who are beginning to-day where Dr. Clifton is ending must not suppose they can attain his skill without the hard work he has gone through. Dr. Clifton asked for definite proof in cases of the superior efficacy of high potencies over low. When time and place should serve, he would, perhaps, have the pleasure of supplying the proof, but on that occasion he must be content with mentioning one case in which he had given *arsenicum* 30 and 1 m. The patient at once recognised a superior power in the latter over the former. He drew attention to one point of primary importance that had not been noticed in the discussion, and that was Hahnemann's conception of disease as in essence spiritual and dynamic, which was to be met by equally spiritual and dynamic forces in drugs.

Dr. DUDGEON said that, though compared with himself, Dr. Clifton could not be considered as one of the oldest race of homœopathic practitioners, he certainly was entitled to be considered a veteran in such an assembly as this, and as such to enunciate his views authoritatively. And yet, such was his modesty, that he expressed his conclusions almost diffidently, reminding one of Horace's

"Si quid novisti rectius istis,
Candidus imperti ; si non, his utere mecum."

The moral to be drawn from Dr. Clifton's paper, is that the homeopathic practitioner at first thinks all diseases are to be cured by a comparison and similarity of the totality of symptoms of disease and drug, but he gradually finds that that will not suffice, so he seeks to aid his choice by pathology. In this he acts precisely as Hahnemann did. After laying down the rule that disease was to be cured by concordance of the totality of those symptoms with the pathogenetic effect of drugs, he found that this did not answer, especially in the case of chronic non-venereal diseases. He says, in the first pages of the *Chronic Diseases*, of such diseases, treated strictly according to the homœopathic method: "Their commencement was encouraging, their progress less favourable ; the result was hopeless." In order to remedy this state of things he had recourse to pathology. He conceived or adopted the pathological theory of the production of chronic diseases by three miasms—the syphilitic, sycotic, and the psoric. The effect of this was to modify materially his previous dictum about the totality of the morbid symptoms being our sole guide to the selection of the remedy. Thus, if the disease were adjudged to be caused by the syphilitic

miasm, our choice was limited to a very small range of medicines, in fact to one medicine—*mercury*—in uncomplicated cases. If the disease were of sycotic origin, our choice was practically limited to two medicines. If the disease were psoric, we had a larger though still limited choice, viz., the antipsoric medicines. We all—with perhaps the exception of the self-styled Hahnemannians—act like Hahnemann, and indeed we apply his pathological plan to other diseases besides those he has named. Thus, when we have to treat a case of pneumonia, we limit our choice of a remedy among those drugs which have shown a power to cause the pathological appearances observed in pneumonia—*bryonia*, *phosphorus*, *tartar emetic*, and some others—and seek for our simile among them. We cannot, of course, refer all diseases to pathological heads in this way, so we still have to rely upon the totality of symptoms comparison with respect to many. He might give a specimen from his recent experience. Some of them may have read an account of an involuntary proving of *apis* by him in this month's *Monthly Homœopathic Review*. Well, he had hardly recovered from that disagreeable experience when he received a visit from a lady who told him she was suffering from a complaint which had attacked her several times in Brazil, where she used to reside, and always lasted for some weeks. It began four days before, and consisted of a bright red erythema, that spread all over her thighs down to her knees, and was attended by burning itching and pricking sensations. He felt inclined to exclaim, like Æneas: "Infandum jubes renovare dolorem!" for she was describing exactly the effects of *apis* poisoning, from which he had just recovered. Without troubling himself with the pathology of the malady, he at once prescribed its simillimum as regards symptoms, viz., *apis* 2nd dilution. She called a week later, and told him that the medicine had almost immediately cured her disagreeable skin affection. Dr. Clifton had spoken slightly of the alternation of medicines, but he believed that in many cases it was a most valuable method, and considered the often composite character of the cases we met with in practice, it was frequently an indispensable and strictly scientific mode of practice; and whatever their Hahnemannian friends may say, it was recommended and practised by Hahnemann himself in many of his published works and in his letters which had lately appeared in *The Homœopathic World*.

DR. BROWN, of Portland, Oregon, said Dr. Clifton's paper exemplified his case very well. Temperament has a great deal to do with the line of practice a man takes up, and both positions were useful. Medicine was not an exact science. Except in chronic cases it was difficult to be certain of drug

action. Typhoid fever was mentioned. He found *arsenic* most essential in the treatment of it. In America typhoid is not typical—it is often of a malarial character. In acute cases he used low potencies; when he used the high it was in chronic cases, and he had faith there in them. Homœopaths ought to be careful in the matter of rest and diet and general management.

Dr. CLIFTON, in reply, said that while he felt honoured by the number of members who had put in an appearance on that occasion out of respect in some measure to him, for which he tendered them his hearty thanks, and while he felt proud at the general reception of his paper, he would have been better pleased had it received more antagonistic criticism. In noticing some of the remarks of the members, he said Mr. Harris was much mistaken in thinking the men who went in for a profuse symptomatology and high dilutions were men who had but comparatively few patients, inasmuch as Dr. Clifton knew as a fact that Dr. David Wilson and Dr. Epps, as well as many other men representing that phase of practice, had not only a large number of patients, but almost killed themselves in their work. The question of the primary and secondary symptoms both of disease and drugs, alluded to by Dr. Neatby, was too wide a subject (although a most important one) to be taken up on the present occasion. Dr. Cook's remarks with regard to uric acid confirmed the observations adduced by Dr. Clifton as to the *supposed* influence from medicine, being due to other causes. Dr. Dyce Brown's remarks with regard to the tendency of men going from one extreme to the other, bearing upon Dr. Clifton going to the low dilutions—this was only arrived at by severe investigation. Dr. Clarke was largely in error in thinking Dr. Clifton asked for *proof* of the action of high dilutions; in fact Dr. Clifton did not entirely deny their action, and considering that he had closely witnessed the practice of Dr. David Wilson and John Epps for some years, and carefully considered the evidence by other men of the same school, there could be no reason for asking better proof. All that Dr. Clifton contended for was *fuller evidence* of the *superiority* of the same in the *general run of cases*, and with regard to the case which Dr. Clarke adduced of the greater benefit of the 1,000th dilution of *arsenicum*, Dr. Clifton suggested that unless Dr. Clarke made the dilution himself, as he (Dr. Clifton) had, he could not be certain what it was, and although the patient said she went back when not taking it, he thought she ought to have had a *placebo*; and finally he urged that those who employed high dilutions should for the most part prepare them themselves.

PLEURAL EFFUSIONS IN CHILDREN.

By EDWIN A. NEATBY, M.D.,

Assistant Physician to the London Homœopathic Hospital.

It is not my intention to undertake a systematic description of the above-mentioned conditions, such description being found in any good text-book of medicine or diseases of children. The cases narrated below have appeared to me fruitful in illustration of many important points. Any remarks I may make will have the object of bringing these points into relief, and will be almost exclusively based on or suggested by the cases related. All of these have come under my notice recently, and of the two described at some length, one was chronic and the other acute. They are published rather as warnings than because they were successful or satisfactory cases. Wearisome repetition I have endeavoured to avoid; but even so, the length of the narratives may demand some exercise of patience by the reader, to whom I will at once introduce

CASE I.—*Chronic Purulent Pleuritis.*

Gertie H., aged three, came to me during January, 1891, with the history that she had been taken ill about four months before and was stated to be suffering from "gastric fever." Beyond vomiting, pyrexia, weakness and some cough, nothing definite appears to have been discovered. The vomiting and acute illness subsided, and the medical attendant discontinued his visits, stating that patient would grow strong. This complacent prophecy, however, was not fulfilled.

When brought to me this little girl was restless and fretful, feverish at night, with a poor and capricious appetite and sleeping badly. She had a delicate aspect, fine transparent skin, almost wax-like when pale, blanched lips, and except when flushed, pallid cheeks; the eyelashes were long, and irides blue. She had lost almost all her hair, and there was some seborrhœa of scalp. Her face was fairly plump, but the body and limbs were very thin. On examination of the chest I found the signs of fluid in the pleura, and advised her removal to the Hampstead Home Hospital, and to the kind and skilful nursing she received in that institution her recovery is largely due. I shall not weary you with daily notes of this lengthy case. Let me briefly indicate the leading features of it. For

the first few days after her admission (January 27th) her condition was noted prior to commencing treatment. The temperature varied from 97.6° in the morning to 102.4° in the evening; the pulse from 130 to 140, and the respirations from 40 to 60. On the fifth day a fine aspirating needle was introduced with, at the moment, negative result, due, as I afterwards discovered, to its being blocked. As the child was a good deal upset by this I did not explore further, and, strangely enough, for ten days after this the child seemed better, and her temperature did not rise as high as 100° during this time. For medicine first *silicea* and then *hepar sulph.* were given, but no change occurred in the physical signs, which are shown in figures Nos. 1 and 2.

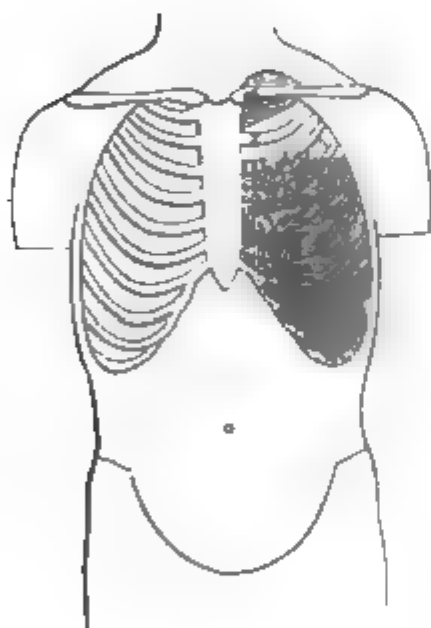


Fig. 1.—(a) Area of amphoric breathing and hyper-resonance.
(B) Below this line impaired resonance gradually becoming duller; breath sounds weak and distant, or absent.
(•) Apex beat.

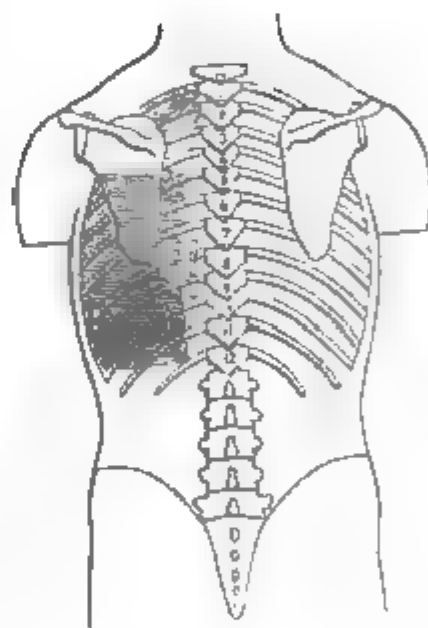


Fig. 2.—Vertical shading hyper-resonance; horizontal shading as in Fig. 1.

On the 12th of February, my friend Dr. Day saw the patient with me and kindly administered chloroform, while I inserted a full-sized aspirating needle and removed xxxv of thick greenish pus. The result was a reduction of the temperature to below 99° , of the pulse to 108-126, of the respirations to 32-48. Two days after the tapping troublesome vomiting occurred, with pallor, blueness, and a temperature of 96.8° , but after a few doses of *ars.* 30

these symptoms soon passed off. The improvement was alas! even shorter-lived than that following the previous nugatory puncture.

In six days the temperature began to rise, and its behaviour at this period is shown on the accompanying chart. The early morning rise is noteworthy.

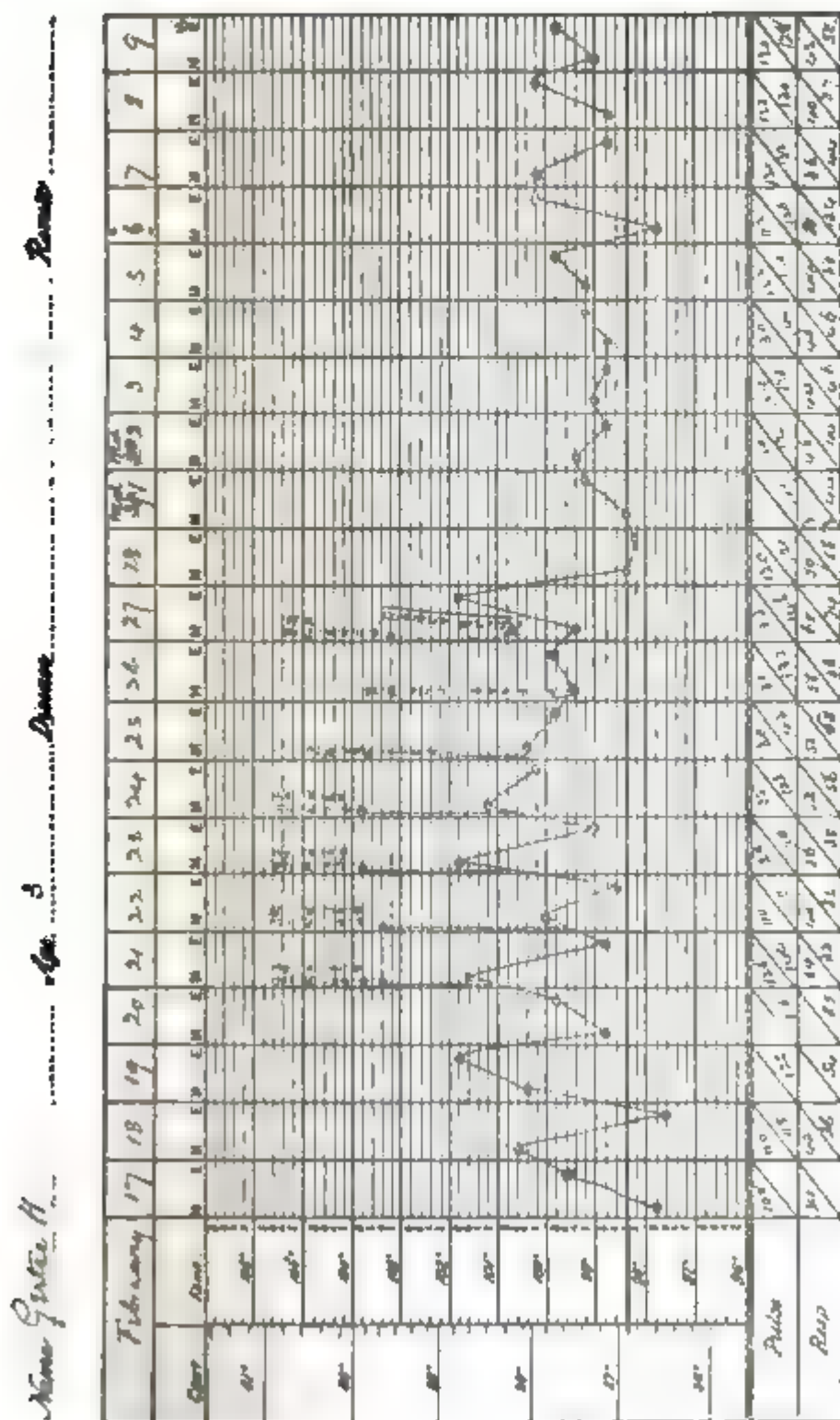


CHART I.—Case of empyema, showing highest temperature in early morning and fall to normal after incision of pleura. Pulse-respiration ratio much disturbed.

On February 27th, Dr. Henry Cook kindly anæsthetised the patient for me; the pleura was incised and the cavity washed out. A silver tracheotomy tube was inserted to afford drainage; this, however, it failed to do, and although the discharge remained "sweet," the temperature gradually rose again, and between the 11th and 20th March the chart showed a typical hectic fever with an evening rise to about 103.6° F. and a morning fall to about 100° F. During the night of the 20th about half-a-pint of pus came away, and the next evening the thermometer was subnormal. After this spontaneous discharge the temperature did not rise so high again, and slowly descended, until during the latter part of April and the early part of May it averaged little over 99.4 in the evening. The respirations numbered during this period in the evening about 44-46 and in the morning 34-38 or 40.

Though on the whole the temperature gradually lowered, drainage was by no means satisfactory. Occasionally the discharge almost stopped, and on one occasion a longer rubber tube, with a rigid portion for insertion between the ribs, was put in. It was evident that loculi existed, the communication with which from time to time got cut off, until re-established by the *vis a tergo* of the accumulating pus. Nevertheless, during all this time the child improved in general condition, had an insatiable appetite, gained flesh and spirits and even strength.

On the 17th and 18th May the temperature rose till it reached 104.2° due to an attack of influenza, which, happily, proved to be mild. Soon after this she left the hospital, and I saw her less often. One other accumulation and discharge of pus occurred while away at the sea-side, but when I saw her again in October all discharge had ceased for some two months. During the last seven or eight weeks of her stay in the hospital the closure of the pleural cavity was accompanied with contraction of the left chest and very considerable lateral curvature of the spine, so that when dressed and walking about there was a very noticeable difference in the height of the shoulders—some $2\frac{1}{2}$ -3 inches. In October, however, this deformity had greatly lessened and the angle of the left scapula was only $\frac{3}{4}$ inch below the right. When dressed no deformity was obvious.

Both resonance on percussion and breath sounds were still somewhat impaired. The shape of the chest, at the level of the 8th rib behind, shown (one-third natural size) in the accompanying figure.

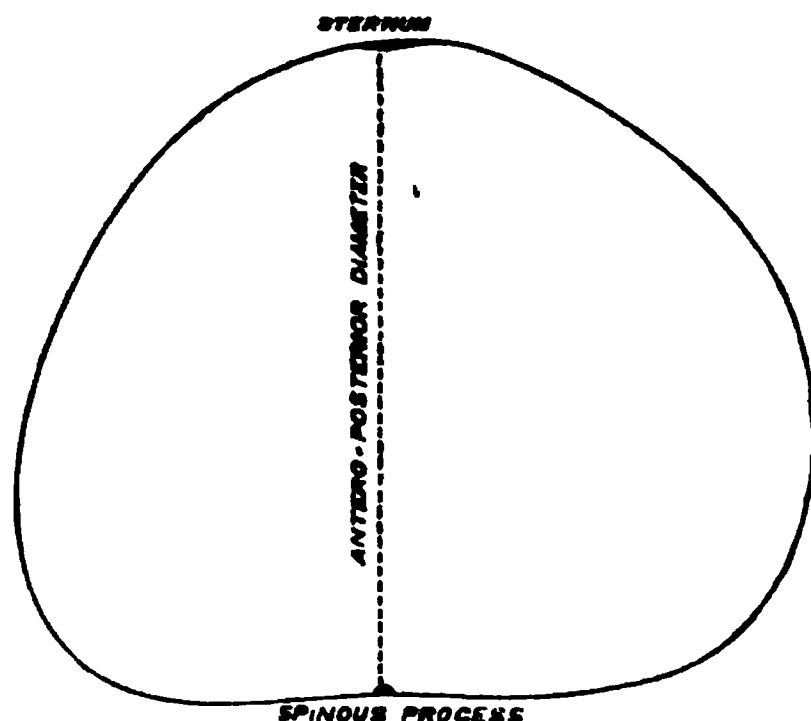


Fig. 3.—Showing contraction of left side of chest.

The child was then $4\frac{1}{4}$ years old. Her general health appeared, and was said to be excellent.

Contrasting strongly in many ways with the foregoing, is

CASE II.—*Acute Sero-purulent Pleuritis.*

N. C., a little boy, aged nine, had influenza in May of last year. The fever was very high, over 105° , and there was a good deal of wandering.

As a baby he was delicate, had frequent bronchitis, until an attack of whooping cough at two-and-a-half years of age. Since then he has been better. He always, however, suffers from "an incessant dry cough whenever he takes cold." He perspires very easily and gets a very high temperature with every slight ailment.

In the middle of August (in stormy weather) he began to complain of "pain in the side." He used to stand supporting his side (right) with his hand. This continued on and off until a week of hot weather in September. He did not cough, and the pain was not severe, but he was unable to draw a long breath.

After this, until Wednesday, October 7th, he was free from the pain. Coming home from school, in the middle

of the day. he got wet, but his clothes were changed at once. In the evening he was seized with severe pain in the right side, on a level with the seventh rib in the axillary line, and extending forward. The pain made him cry out and he seemed cold and blueish; afterwards he became "very feverish." When I saw him (the same evening) the temperature was 101.5° , and the pulse 110. Very careful examination revealed no abnormal physical signs beyond shallow breathing. *Bryonia* 200 was given. During the night he was more feverish and slept badly. Next morning the temperature was higher, but there was less pain. In evening also further elevation of temperature, but all day the respirations, though shallow, were not more than 26 per minute. There was no cough. There was no loss of appetite and no thirst, the tongue was thinly coated. No fresh physical signs. During this day he took *acon.* 3x in alternation with *ranunculus bulb* 3x. Next day a slight cough developed, but the temperature was lower and he seemed much better. The following day the temperature was normal, and except when purposely taking an extra-deep breath, he had no pain. The *aconite* was omitted and he got up in his room for two hours. On Sunday, the 11th, and on Monday morning, the 12th, he seemed quite well and was up in the nursery (on the same floor) for four hours. Great care was taken to protect him from cold and draught. Up to this time physical examination had yielded only negative results.

My Monday visit was not paid until the evening, when I found the little fellow—who is a very patient, uncomplaining child—looking flushed and tired. He had not seemed so well since one o'clock, having felt and looked "faint." He complained of pain in the same spot as before, or rather more anteriorly, and was troubled with a frequent, short, dry cough. He looked flushed, and the temperature was 103° ; pulse 132. On examination there was found slight dulness to the level of the 4th rib in front and in that line all round. No friction was heard but clicking sounds with inspiration. He began frequent doses of *acon.* and *bryon.* alternately.

Next morning, 13th, there was more dulness, with diminution of breath sounds and tactile vocal fremitus; no râles or bronchial breathing. Breathing frequent, cough as yesterday. Slight epistaxis occurred on this day and

on several succeeding days. The temperature, pulse and respiration throughout will be best seen by reference to the chart.

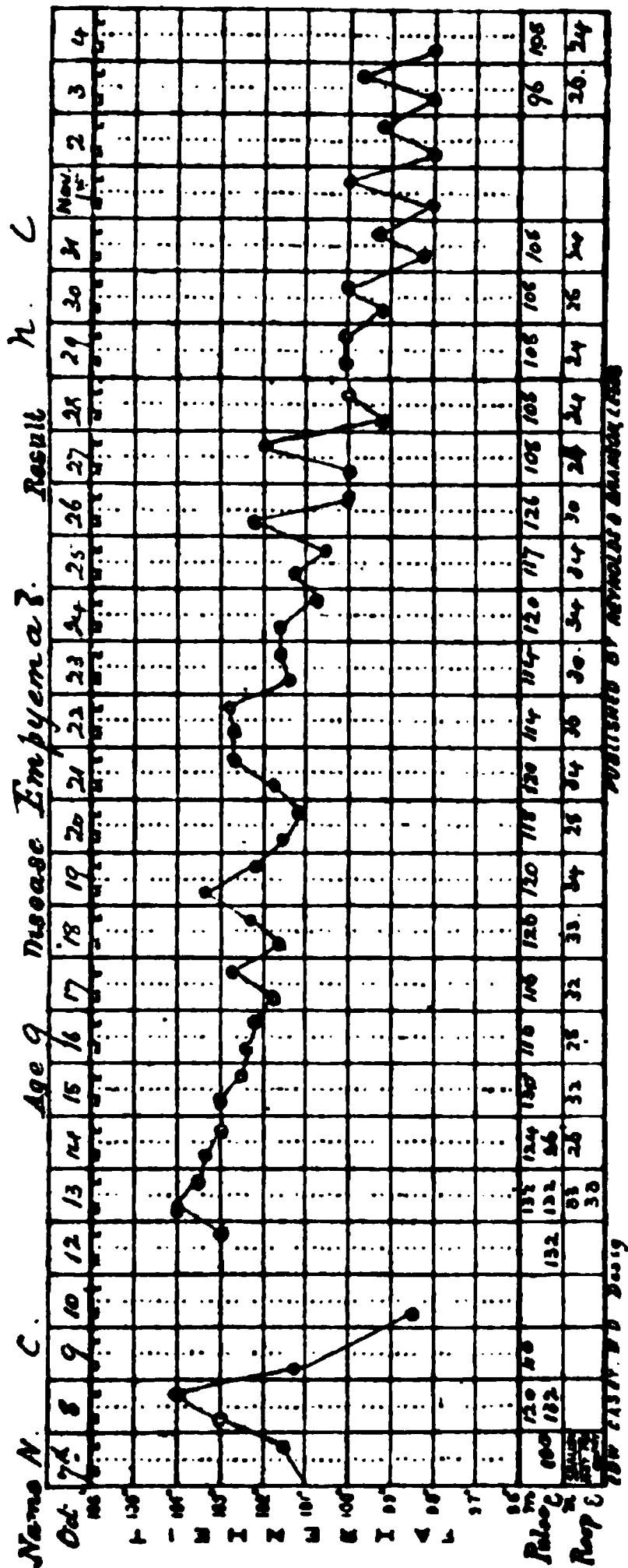


CHART II.—Case of pleurisy showing persistence of pyrexia for three weeks, and undisturbed pulse-respiration ratio.

Two days after this, friction sounds were heard between the angle of the scapula and the spinal column, and it was thought the fluid was becoming absorbed ; but these sounds were not again detectable, and on the 17th moist.

sounds were heard in the left lung (of which the breath sounds had been puerile for some days) and the heart's apex beat was noticed to be almost in the nipple line. [This was the first note of the position of the apex beat, and of its previous position I am not certain.]

Up to this point the medicines given since the relapse were *bryonia* two days, *arsenicum* two days, followed by one day of *sulphur*, and then a return to *arsenicum*, now given in alternation (18th) with *bryonia*.

By the 19th the physical signs were more pronounced. The dulness to about middle of scapula was absolute with total loss of breath sounds and vocal fremitus. The intercostal spaces were filled out and movement of right side of chest much limited. To facilitate comparisons the accompanying diagram was made.

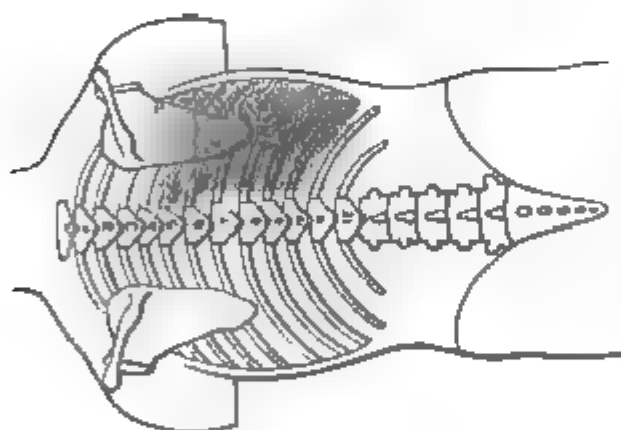


Fig. 4.—(a) Comparative dulness. b.s. feeble and harsh; t.v.f. present.
(b) Absolute dulness; b.s. dis. and almost inaudible; no t.v.f. Clear area near spine—b.s. and t.v.f. present.

The general condition, however, was rather better at this date. Food had been taken badly all through, especially in the after part of the day.

The question of puncturing the chest to ascertain the nature of the fluid came under consideration.

On the 22nd temperature and respirations were higher than usual, and the apex beat seemed slightly more to the left. The condition evidently was not improving nor the fluid undergoing absorption. This, together with the persistence of the pyrexia and frequent breathing, led me to the conclusion that the corpuscular element in the fluid was very considerable, even if the fluid was not thick pus from the first. In consequence I had decided to aspirate, and took the apparatus for the purpose. We had, however, sought the advice of a colleague, who expressed a decided opinion in favour of waiting and of giving

medicines a further trial. He advised *arsenic* by night and *hepar* by day. The same evening (before more than a dose of medicine had been given) profuse perspirations began, and recurred several times during the night, as also during the two following nights. The above medicines were given in high dilution for two days and then in the 3x dilution. On the 25th, in the morning, the patient seemed to be losing ground, exhausting perspiration continued and the respirations were still 34. The face looked pale and pinched and the *alæ nasi* were moving. The pulse was weak. No physical examination of chest was made this day.

On the 26th the nurse reported that patient had had a better day and night, and he appeared much brighter. It was found, too, that vocal fremitus could be felt $\frac{3}{4}$ in. below the old line of absolute dulness, and that the breath sounds were more audible over the dull area. The line of dulness was lower. Perspiration was less. Resorption of the fluid had evidently commenced and aspiration was once more put off, and, as it turned out, this time finally. Day by day the cough lessened, still being excited by movement, however. The nights also steadily improved. The appetite was still poor. On the 30th a good night was reported and there had been no perspiration. Breath sounds were again heard all over the still comparatively dull area, and slight vocal fremitus could be now felt to the extreme base. The respirations now average about 26.

From this date there was no relapse, and at the end of November patient had been out several times when the weather permitted, was eating well and gaining flesh slowly, and had quite lost his cough. He still looked pinched about the face, however, and the physical signs were not very satisfactory. The movement of the right side of chest was still restricted, and dulness, feebleness of respiratory sounds, and diminished vocal fremitus existed. It was decided to send the patient to Ventnor to enjoy the advantage of more fresh air and sunlight, and to climb the hills.

REMARKS.

Onset and Pain.—As far as can be gathered from the history, Gertie H's case is a fairly typical instance of the insidious way in which some cases of empyema commence.

General ill-health in a delicate child, some febrile disturbance, but no symptoms drawing sufficient attention to the chest to cause a physical examination to be made. The vain and groundless hope is indulged in by doctor and parents that time will bring a return of health and strength. By the time thoracic symptoms force themselves into notice, and cause a tardy examination to be made, the little patient is reduced to a serious and dangerous condition. Such a story is not a new one, but it cannot fail to elicit a well merited censure and to remind us that only by routine examinations can we protect ourselves against similar mistakes.

Case II., in the acuteness of its origin and by at once attracting attention to the chest, forms a contrast to Case I. and presents a much more usual mode of onset, resembling that of ordinary pleurisy in the adult. But even Case II. had not in all points a perfectly regular onset. For some months the boy had complained of pain in the side, of much less severity; and after his severest attack accompanied with pyrexia, the temperature (see chart) fell to normal in a couple of days and all abnormal physical signs were absent. Before the signs of pleurisy developed my opinion was that it was an acute pleurodynia, and that, as is usual with him, passing febrile disturbance had been set up. Nor can I now find any better explanation of the circumstances. Were this correct the subsequent pleurisy would be accounted for by a too early change of room. On the other hand an undetected pleurisy, perhaps deeply situated between the diaphragm (over the liver) and the base of the lung, may have been arrested by treatment and lighted up again by movement and change of room.

(To be continued.)

VARIOLA AND VACCINIA.

By R. E. DUDGEON, M.D.

THE *Art Médical* for December, 1891, contains an interesting review by Dr. Piedvache of some recent observations on the relation of small-pox to cow-pox. It has long been held by many authorities, including Jenner himself, that the bovine disease, vaccinia, is merely the human variola modified or transformed by its passage through the bovine organism; indeed the ordinary

technical name of cow-pox "*variola vaccinia*" implies this. The observations of Ceely in the early forties served to strengthen this view, and indeed to afford what seemed convincing proof of its truth. Fresh experiments and observations made at Hamburg, Carlsruhe and Geneva were held by their authors to demonstrate the transformation of *variola* into *vaccinia*. But a commission, presided over by Dr. Chauveau, which carried on its labours from 1863 to 1865 in Lyons, completely negatived the prevalent belief, and showed that *variola*, when inoculated in heifers, remained always distinctively *variola*, even when transmitted through a series of animals, and though it gradually lost its strength and finally ceased to have any power of propagating the disease or any disease after a certain number of successive transmissions, it always remained to the last *variola*, and never became *vaccinia* or anything like it. Dr. Chauveau, who was originally a firm upholder of the transformability of *variola* into *vaccinia*, that is of the identity of the two viruses, is now just as firm a believer in their essential difference. Bovine and equine animals are easily inoculated with human *variola*, though, as just stated, the infection is only transmissible from animal to animal through a limited number of subjects, but the younger the animals employed for the experiment the farther will the inoculations reach.

This extinction of the virus after transmission through several subjects is held to show that *variola* is peculiarly a human disease, and consequently cannot be naturalised, as it were, in the bovine race. But on the other hand, *vaccinia*, which is undoubtedly an animal virus, can be transmitted with its power unimpaired through any number of human subjects. True, in order to convey it to the human being it must be artificially inoculated, and cannot be propagated by infection, as it undoubtedly is among cattle, and it would die out and become quite extinct among the human race unless thus artificially communicated. The virus developed in heifers by inoculation of human *variola* produces, when inoculated on man, usually slight, but often severe, attacks of small-pox, just as was done by the small-pox inoculations of our grandfathers.

The identity of the two viruses and the transformation of the variolous into the vaccine was maintained by

Drs. Haccius and Eternod, of Geneva, as the outcome of their experiments and observations. Dr. Chauveau got from them some of their alleged vaccine lymph obtained from the 7th transmission of the variolous virus through the calf. With this he inoculated a number of bovine subjects and he found that in every case the resulting eruption was variola and never vaccinia. He further found that if the vaccine virus was inoculated at the same time as, or before the evolution of, the variola, the two diseases ran their course side by side, each preserving its distinctive characteristics. In my own practice I have witnessed a similar phenomenon. A lady had come in contact with a case of small-pox, and dreading infection requested me to vaccinate her, which I did. The vaccine vesicle attained its ordinary characteristic development one week after inoculation, and a fortnight after exposure to the small-pox infection, the variolous eruption appeared, on which the vaccinia shrivelled up and seemed completely blighted. The variolous pocks, which were pretty thick all over the face and body, seemed as though they would run a normal course, but they also withered away without forming regular pustules. It thus appeared that though the body was susceptible of the two infections, they exercised a mutual modifying influence on one another.

Dr. Chauveau found that though animals inoculated simultaneously with variola and vaccinia developed both diseases, if the variolous disease had attained its full development, they were insusceptible of the vaccine disease, and we know that the latter gives immunity, at least for a considerable period, to variolous infection. If his observations are correct, we are constrained to adopt his conclusion that variola and vaccinia are two entirely different diseases, and that we must abandon the idea that the vaccine disease is merely variola transformed by its passage through the bovine organism.

When we consider the essential difference between the course, progress and appearance of the two diseases, we can hardly credit their alleged pathological identity. Variola, taken by infection, has an incubation period of from ten to thirteen days, when inoculated, of two days; it is attended by fever often of great intensity; its eruption is of small conical pustules, mostly with depressed apices, which pass off generally without leaving cic-

trices, but in severe cases leaving small depressed scars. Vaccinia, in its inoculated form (that being the only form in which we know it) in the human subject is seldom attended by febrile disturbance; its period of incubation is three or four days; its eruption is in its most characteristic stage vesicular, large, flattened, with a considerable central depression and a large red areola. The eruption is confined to the points of inoculation and it forms a dense scab, which, when it falls off, leaves a large white cicatrix slightly depressed. Then again the occurrence of the two diseases in the same person, running their separate course and preserving their characteristic peculiarities, seems to stamp them as quite distinct diseases.

Hahnemann was manifestly of opinion that variola and cow-pox were two distinct, though in some respects similar diseases. He says: "Smallpox coming on after vaccination, as well on account of its greater strength as its great similarity, at once removes entirely the cow-pox homœopathically, and does not permit it to come to maturity; but on the other hand, the cowpox when near maturity does, on account of its great similarity, homœopathically diminish very much the supervening smallpox, and make it much milder." (*Organon*, § xlvi.) In another place he says: "The cowpox would destroy the smallpox on its first appearance, that is to say it would cure this malady when already present if the smallpox were not stronger than it." (*Ibid*, introd., p. 83.)

That variola and vaccinia are prophylactic of one another, so far from proving their morbid identity, rather proves their non-identity. The evolution of the one disease exhausts the susceptibility of the organism for the other, just as inoculation of the virus of chicken cholera gives immunity against anthrax, and *belladonna* destroys the susceptibility to scarlatina.

NOTES—CLINICAL AND PATHOLOGICAL.

By T. E. PURDOM, M.D.

CASE I.

Mr. A., æt. 60. Broken down in health for the last two years. His life has been one of study. He has also been a very heavy smoker.

Résumé of Symptoms.—Sallow face, with anxious,

suffering expression. Body fairly well nourished. Tongue too red; rough, with some coating posteriorly. Good appetite. Digestion and bowels regular. Complains mostly of *pains*, aching, gnawing, and shooting across lumbo-sacral region; varying in degree and sometimes shooting down the legs, mostly the left. This latter pain so intense at times, as to throw the muscles and tendons on the dorsum of foot into a visible spasm.

He was treated for rheumatism for some time and derived some benefit from massage.

Before coming to Croydon, Dr. H., of B., had suspicion of deep seated organic disease in abdominal region, but no tumour could be made out. The symptoms simulated locomotor ataxia in some ways. He had contracted pupils; unsteady gait; neuralgic pain. The knee jerk however was present and ankle clonus too. There was not the throwing out of the legs, nor the feeling of a cord round the body, which are present in "ataxia" very often.

Later on jaundice developed, which encouraged the idea of organic abdominal disease. This disappeared for a time.

At this juncture Dr. Reynolds saw him, and gave as his opinion that there was no serious organic disease, nor any definite spinal lesion. He attributed the symptoms to tobacco poisoning. He prescribed *ammonium salts* with a little *mercury* for the liver; *nux vomica* to antidote the tobacco, and *cannabis indica* for the neuralgic pains. He also gave a hopeful prognosis.

No improvement resulted from treatment, however, and soon the jaundice reappeared and Mr. A. rapidly grew worse; Congestion of lungs supervened. *Morphia* had to be used to relieve the severe pain in back and limbs, and death brought this obscure illness to an end. I drew Dr. R.'s. attention to a sensation of resistance on very deep pressure to left of umbilicus, but he didn't think it of any significance.

Post Mortem.—Abdominal cavity only opened. Nothing abnormal was seen on first opening this cavity, nor, indeed, till we drew aside the intestines and got close to spine. Here at last we found the cause of all his suffering. A long-shaped tumour was observed, encapsuled, and bound down tightly to spine. The mass

of it was 10 inches long, with prolongations, following the nerves and blood vessels, down into the pelvis, specially on the left side. A few isolated nodules were scattered about in the mesentery. A larger, situated higher up, had evidently pressed on the bile duct, thus producing jaundice.

No similar deposits were found in the liver, stomach, kidneys, or bowels.

Microscopical Examination of Tumour.—It consisted of a dense cellular structure, the cells being characteristic of sarcomatous growth. The case was, therefore, one of encysted sarcoma, firmly adherent to the spine, though not penetrating into spinal canal. The symptoms were produced mostly by the pressure on the lumbosacral nerves as they descended into the pelvis.

It is easily seen that medicines could do very little in such a case. Mr. A had mostly *arsenicum*, *hydrastis*, *digitalis*, *iodine*, *strychnia*, and *morphia*. Accurate diagnosis during life was an impossibility.

CASE II.

Mr. R., æt. 80. Excitable temperament. Lately his health has been good. Last night (Nov. 3) he was more excitable than usual, and sat up later, talking a great deal. Also had a little wine. Slept well and took breakfast in bed. After this (Nov. 4) he felt drowsy and said he would not get up. At 11 a.m. he was found quite unconscious, with the limbs violently convulsed. He breathed very heavily and with the characteristic expiration, known as smokers' breathing. Two hours after this I saw him still in same state, the convulsions of the legs being so severe that the skin was rubbed off both in parts, from the friction of the one against the other; besides severe bruises in places. *Aconite* ϕ was now given in one-fifth drop doses, ice was applied to back of head and cold water cloth to vertex. At this time the pulse was 120 and very irregular. The temperature was 104°. The pupils were contracted. He lay in a comatose state save for the movements of the limbs. At 4 p.m. the temperature was 101°, pulse 96. Consciousness was returning. At 10 p.m. of same day he was conscious, but dazed. No actual paralysis, but cannot articulate properly.

Nov. 5th. Quite conscious. Pulse 76. Temperature

normal, skin moist. Excitable and confused, but this he has been for a long time.

Nov. 6. Doing well. The rapid fall of pulse and temperature and the speedy recovery from an apoplectic state, which my partner and I both thought very hopeless at such an age, is a good instance of what *aconite* can do.

CASE III.

"*Psoriasis Diffusa.*"

Mrs. B., æt. 39, very stout, catamenia irregular, general health fairly good, tongue somewhat red and irritable. For some weeks before present date (February 18th) she has observed a rash mostly on the legs, and there has been a good deal of irritation from it. She has been under treatment for it with ointments, &c., but with no benefit. To-day I prescribed *ars. alb.*, 3x gr. v. ter in die, post cib., and *sulphur* 3x gr. v. nocte manequæ. A hot bath with carbolic soap was ordered every second night. Hot sponging was to be used for the irritation; also rose-water, &c., if required.

March 4th.—The patient returned to-day practically cured. The rash nearly gone; the irritation quite ceased. She feels and looks well. Was advised to continue the treatment a little longer.

(*To be continued.*)

THE RIGHT PLACE OF APERIENTS IN PRACTICE.*

By W. CASH REED, M.D.

WHEN our Secretary did me the honour to ask me to read a short paper before the Society it occurred to me at once that it might be well to consider a subject which is generally regarded as a *well worn* one, with the object of discovering whether, as homœopaths, we are not in some danger of forsaking some of the auxiliaries to treatment which we were once, more in the habit of employing.

I propose to discuss in this short paper "The right place of aperients in practice," and in doing so to put

* Read before Western Counties Therapeutical Society at Torquay, June 5th, 1891.

before you some clinical experience which has served to impress very vividly upon my own mind the importance of keeping oneself unfettered as to treatment in dealing with any individual case.

By an aperient I do not mean a carefully-selected medicine, which by its very homœopathicity opens the bowels in any given case in which it is indicated, as *e.g.*, *sulphur* when piles exist, but a more ponderable remedy, which in most cases relieves the large bowel of its contents by causing a free secretion from its mucous surface, thus calling into play the dormant energy of its muscular fibres, with the result that a copious evacuation of a more or less watery character takes place.

I propose to consider this subject under *four* different heads, and to inquire how far the particular classes of cases referred to are benefited by aperients in the sense in which the term is here employed.

It will be for subsequent speakers to say if in their opinions any other line of treatment can be claimed as efficient to deal with them.

Firstly, then, some of those cases so frequently met with in practice which are characterised by *high tension of the pulse*.

Secondly, cases in which there is a *hindrance to the action of a remedy* by the fact that the bowels are locked up.

Thirdly, constipation in the aged, the *right*, but more particularly the *wrong*, use of aperients at this period of life.

Fourthly, *pelvic pain* and costiveness, also *uterine hæmorrhage* and constipation.

First, then, those cases which are characterised by *high tension* of the pulse, and I take as examples immediately two cases of impending cerebral mischief with this condition present.

I hope the Society will forbear with me one minute if I take the liberty to sketch what I mean by high tension in its *special bearing* upon the subject before us.

What is the condition of the pulse generally met with in constipation? and why does this condition obtain? are questions which we may for a moment pause to consider. The first query may be dismissed by simply observing that the pulse is in a state of high tension. We detect it with the finger on the pulse, or failing to

do so, with the sphygmograph. As to its causation, there are two factors in operation which bring about this state of things.

The hard, full, unyielding pulse speaks to us of a pressure before, a *vis a fronte*, due to the accumulation of effete matters in the blood from resorption of the fluid part of the contents of the bowel.

Thus we have what I venture to call an *autotoxæmia* set up, the *symptoms* of which are clearly manifest in the sallow complexion of the patient, his coated tongue, and offensive breath. The *signs* are found in the pulse from the fact that these effete products being reabsorbed constitute in the ultimate capillaries a barrier to a free current through the latter. Thus, a stemming back of the blood current takes place, and this *vis a fronte* induces a more powerful systole of the heart to overcome the opposition.

Besides this, there is pressure of the distended bowel upon the adjacent pelvic veins, tending to retard the passage of blood through them. Thus, as has been so clearly pointed out by Dr. Broadbent in his exceedingly interesting little book on "The Pulse," there may be said to be both a direct, as well as an indirect, cause of high tension of the pulse. I have here a couple of tracings of arteries in this condition, and am sorry I cannot furnish, for purposes of comparison, tracings of the same vessels after an aperient had been administered.

I shall, however, try to give a mental picture of two cases which have occurred in my practice, thinking that they will best emphasise what I wish to convey. Many years ago I was called one evening to see a man who had just returned from a voyage to learn that his wife had died but shortly before his arrival. The news was not unexpected, but I found him prostrate with grief at the sad event. He was a stout plethoric man, with a short neck and rubicund countenance. I felt his pulse, and was horrified to observe its extreme hardness, rapidity and fulness. I administered the properly selected homœopathic remedies for the condition present, and having given a guarded prognosis left the house. On calling the following morning I learnt that the patient had had an attack of cerebral hæmorrhage during the night, which had proved almost immediately fatal. I have many a time since wished I had given a dose of *calomel*.

The *second case* to which I should like to call your attention is perhaps equally instructive, though the inevitable end was delayed for a much longer period. I was called one day, some years ago, to see an old lady who had lived long in the West Indies, for a feeling of "giddiness," which had come on as she was stooping to tidy out a drawer, and for a degree of "forgetfulness," as her friends told me, which had characterised her since that occurrence an hour or two before.

I found a stout, full-necked plethoric old lady of 70, with a dusky countenance, and every indication of venous fulness in the brain and meninges. I at once had her put to bed and treated with the utmost care, especially as to ensuring an efficient action of the bowels daily. She gradually improved, but it was evident to me that the friends thought the case was receiving more attention than the gravity of the symptoms appeared to them to demand. In vain I reasoned with them, and pointed out the certainty I felt that before long such a condition in an aggravated form would probably occur and prove fatal. I urged, moreover, the importance of a visit occasionally, with the object of giving such help to the patient as might stave off the fatal day. Argument proving unavailing, as soon as possible I retired from the case, not, however, before I had, in duty to myself and regard to their feelings, proved myself again a "prophet of evil." Shortly afterwards the family dispersed and the patient was left. A few months elapsed, when, one day, a sudden hæmorrhage into the brain took place without a moment's warning, and the old lady breathed her last before any member of the family could be summoned.

Now, as to the *first case*, ought one not to have given a dose of *calomel*? and in the *second* what would have been more likely to prolong life than the insuring of a daily action of the bowels, if it had been necessary to interfere, by such means as the administration of one of the many forms of mineral water, say the *Franz Josef*, which is not disagreeable, it is not expensive, a small dose is sufficient, and its action is very certain.

How true is the saying that "a man's age is that of his arteries."

And now let us consider the second part of this paper, viz., *cases in which there is a hindrance to the action of a given remedy from the fact that the bowels are locked up.*

Dr. Kidd mentions at page 184 of his "Laws of Therapeutics" a very instructive case bearing upon the subject, and I make no apology for briefly reminding you of it. A city gentleman had been treated, on so-called "scientific principles," for dropsy dependent upon organic heart mischief. Growing gradually worse and worse he sent for Drs. Hewan and Kidd. Infusion of *digitalis* was prescribed by them with no effect whatever, and in despair the former said to the latter, "we must give up *digitalis*." "No," was Dr. Kidd's reply, "but we must remove the obstacles to its action." "Accordingly," he goes on to say, a "brisk mercurial was prescribed at bed time, and the *digitalis* continued, a tablespoonful three times a day. Twenty-four hours after the purgative the true action of the *digitalis* showed itself in the free secretion of urine, which for many weeks had been scanty, averaging 20 oz. in the twenty-four hours. Within two days it increased to 50 oz., on the third day to 60 oz. Before the end of the week it reached 100." To make a long story short, the patient to the amazement of his friends, shortly became apparently well and lived for nearly three years. In the words of the writer, "The brisk action of the purgative relieved the obstructed portal circulation, like delicate clockwork, which had been kept from going by the main-spring being weighed down."

Now the case to which I wish to refer is not so striking as this one, yet I think it is one of a class with which we meet yet more frequently in practice, and to speak for myself are equally unsuccessful with until we have learnt by experience the key to its efficient treatment, the "open sesame."

Some months ago I was asked to see a middle aged woman who was suffering from sub-acute bronchitis, and had for long been under treatment by a neighbouring practitioner. Failing to get any relief she sought other advice. I found a stoutish woman who had reached the climacteric with a severe and racking cough. The physical signs were not marked; and beyond the severe cough and phlegm she had not much to complain of. She assured me the bowels were open *every day*, and that the appetite was "excellent," always was "very good" in fact. Here, then, was a person with an excellent appetite, compelled to live a sedentary life, shut up

in fact in one room because of the bronchitis from which she was suffering.

Without pausing to inquire very deeply for physical signs, I felt instinctively the case was one needing an aperient, though the bowels were said to be "open." Presumably what existed was some distension of the right side of the heart and also portal congestion, and until these were relieved, it would be useless to address oneself to the bronchial tubes. Accordingly I prescribed purely and simply *merc. dulcis*. 2x five grain powders, one three times a day, and each morning an hour before breakfast a dose of Franz Josef mineral water. The result was to my mind remarkable. The cough rapidly decreased, she began to sleep the whole night long, and in an exceedingly short time declared herself to be, as indeed she was, "quite well."

I should say that no diarrhœa was set up by the treatment, though the bowels were of course relieved rather more copiously than before.

On the last visit but one, as if to confirm the diagnosis, the patient told me that her feet were slightly "puffy." I looked and found that such was the case, the veins moreover were large and distended. I prescribed tea-spoonful doses of infusion of *digitalis* three times a day, and in a few days the "puffiness" had entirely gone and the patient was off my list.

And now a few words in the third place as to

Senile Constipation.

I am not so audacious as to suppose I have anything specially novel to say under this head. Yet there is a phase of the subject to omit which would be to render incomplete a paper which pretends to deal with the proper administration of aperients in homœopathic practice.

What I have already laid before you in reference to *high tension* of the pulse is specially applicable to the senile state. I believe that constipation is the indirect cause of numberless deaths in old age, it is fitting, therefore, that we should see to it. The state of the bowels at this period of life presents to us *two* very different and opposite conditions. In the *one case*, with advancing years, a natural hebetude creeps over the patient, and as a part of this general apathy on *his*, but more especially

her part, the calls of nature are apt to be less and less regarded, so that before the attendant is aware of it a really dangerous state of blocking up of the large bowel may have taken place. In this condition of things the high tension pulse obtains, as the resultant of the two causes we have already considered, and if atheroma co-exist what more likely sequence than a clot in the brain, and secondary local softening with its well-known train of symptoms? How many an old person, when straining at stool, has broken a blood vessel or ruptured the compensation of a weak heart! As to the *treatment* of this class of cases I do not, of course, mean to say that an aperient is necessarily required. In well-to-do patients a judicious nurse can do much by regularly rousing the patient at stated times, and properly regulated diet, together with our well-known remedies for this senile state of the bowels, will do the rest. But how about the aged inmates of our poor-houses and asylums, or the out-patients at our homœopathic dispensaries who have no one to think for them in this matter? May we not frequently stave off the end by the judicious use of an aperient? I certainly think so.

And now a word as to the *second class* of cases under this head, viz., those old persons whose whole aim and object in life seems to be to keep their bowels open, in fact who may be said to have "bowels on the brain." This patient is a trying one to deal with, and yet there is a great deal to be said from his point of view. He will tell you that if the bowels are not freely open many times a day he experiences a "heavy weight in the head, he cannot think, and is drowsy." Such, no doubt, is the case, and the patient has sometimes but himself to thank for this condition of things which the *abuse* of purgatives has been the means of bringing about. He has used purgatives so many and oft that now the muscular coat of the bowel, generally weakened in old age, and frequently dilated and hypertrophied, declines to contract unless the accustomed pill has been taken.

These cases perplex one sorely, but I will not weary you by dwelling longer upon them. Perhaps they are best met by an occasional copious hot salt water injection.

Before, however, quitting this section of the subject, it is right to add a word about the error which may arise from mistaking constipation for *diarrhœa*. A case may

occur which, etymologically speaking, is certainly diarrhoea, for it is flowing through or past a hardened mass of faeces of the hypersecretion of the bowel, tinged with the colour of the alvine concretion. We see such especially in the aged, and also after parturition.

Not long ago I was telegraphed for some 25 miles from home to see a case of so-called "diarrhoea" which was defying treatment and alarming the friends of the patient. On arrival I was told of the constant discharges, &c. Not, however, feeling satisfied, I asked to see the last evacuation. It consisted of small dark lumps floating about in a copious watery material. This secretion was evidently the effort of nature to disentangle the lumps which were in all probability formed in the sacculi of the colon. Instead of medicines directed to the so-called diarrhoea I ordered a copious injection of warm water. This was followed by marked relief, and the patient had vastly improved even before I left the house to catch the train home.

Fourth.—Pelvic Pain and Constipation. On looking over the records of a large number of cases which have been treated at our dispensary at Plymouth on Tuesday evenings, when I attend for the Diseases of Women only, I am very much struck with the large proportion of cases of pain in the pelvis associated with constipation. Conversely, the loss of the pain when the bowels from some cause or another—the medicine, the diet, exercise, or what not—have been relieved. The pain may be referred to the iliac crest from pressure on the ilio-inguinal nerve, to the hypogastrium through the ilio-hypogastric, or to the groin through the genito-crural nerve.

A typical case may be found in the following: E. B., æt. 21, a seamstress, of dark, sallow complexion, has suffered for some years from pain in the right ovarian region, which is tender on pressure; menstruation is painful, in other respects she is well except that she suffers from constipation. She sits like thousands of other girls all day at her work, only breaking the monotony of it by going home about a quarter of a mile or so to dinner daily. Knowing the family history, and that there was no hereditary or constitutional ailment likely to crop up in this girl, nor yet any neurotic history which might sanction the vague term "neuralgia" to

be applied to her ailment, I felt sure the cause was purely a *mechanical* one from pressure upon the ovary, and that as soon as the bowels were relieved, and *more exercise* insisted upon, all would be well. I gave her 2½ grs. of *pil. aloes et ferri*, which gently relieved the turgid pelvic viscera and *pari passu* the pain, and she was shortly perfectly well, but how to keep so was the question, which in this case was easily solved. I told her to take a long walk every day with her lover, and of this she was not slow to avail, and remains well.

I had purposed lastly, had time allowed, to speak of *uterine hæmorrhage* associated with constipation and its treatment. My paper is, however, quite long enough; moreover, the subject is sufficiently comprehensive to merit a separate consideration at some future time should the opportunity be forthcoming. In conclusion, gentlemen, I must thank you for the kind attention you have bestowed upon this paper. I can only hope the subject of it will give rise to an interesting and profitable discussion.

REVIEWS.

The London Homœopathic Hospital Reports. Edited by G. BURFORD, M.B., and C. KNOX SHAW. Vol. 1. London: London Homœopathic Hospital, 1891.

THE volume before us is a very welcome one. It is so, not merely on account of its interesting contents, but because of the evidence it affords that the members of the medical and surgical staff of our hospital are alive to the responsibility their opportunities of public clinical work impose upon them to place the results of this work before their professional brethren, to render this work conducive to the increase of medical and surgical knowledge. How often during the last five and twenty years the existence of this responsibility and the duty which it incurs have been urged in this *Review* we do not care now to bring to remembrance. It is indeed refreshing to find the editors, writing in the preface, making the acknowledgment that "the hospital staff have unique opportunities of investigating and registering, on a large scale, the relative value of therapeutic and other processes for the cure of disease; and it is with the intention of fulfilling these responsibilities to that body of the profession they represent, and to the medical world at large, that this volume is issued."

Such an exhibition of hospital work will increase both professional and public interest in our institution, and will,

we trust, be instrumental in exciting a demand for systematic instruction in the principles of homœopathy and the method of carrying them out. Had such a volume preceded the opening of the London School of Homœopathy for a few years, its operations would not have ceased. When first instituted, the ground that was to receive the seed sown was unprepared, the hospital was comparatively little known, the kind of work done at it altogether unknown. This volume, showing as it does so much activity, so much energy, and so much skill, will, we feel sure, do a great deal to remove ignorance of the kind we have referred to.

To pass to a consideration of the subject matter of these *Reports*, we first of all have placed before us a paper on *Materia Medica*, by one of the consulting physicians, Dr. Dyce Brown. The subject is a comparatively little known medicine, but one which has been fairly proved and found to have a limited though well pronounced sphere of action, *lycopus virginicus*. After a description of the symptoms which have followed its use by persons in health, Dr. Brown deduces from them that it is indicated in some functional nervous disorders, more especially when the brunt of the neurosis falls upon the heart; and also in organic disease of this organ, when feebleness and irregular action of it are present with faintness and shortness of breath, together with a sense of distress over its area. Several interesting cases of its beneficial influence in these directions are added.

The next article, by Dr. Dudgeon, also a consulting physician to the hospital, is on the sphygmograph, an instrument of which he has long made a careful study, and one the most useful and practical type of which he is the inventor. In the course of this paper he gives some interesting notes of the varieties of the pulse records in different forms of heart disease.

Dr. Burford, assistant physician to the gynæcological clinique, follows with a report of the abdominal surgery which has been done at the hospital. The creation of this department was made at the unanimous request of the medical staff, and involved the outlay of a considerable sum of money on the part of the hospital authorities, in order to provide all the newest and most desirable appliances that the most recent advances in gynæcological study have suggested; and Dr. Burford most amply justifies the contention, that the results which have been obtained afford ample ground for congratulation on this extension having been made. The hospital cases reported number sixteen; of them seven were cases of ovarian tumour, of whom four recovered and three died; one, a rather hopeless case at the outset, from shock, the other two from peritonitis. In detailing these cases no record is given

of the remedial measures adopted in the efforts made to save life in these two cases. This is an omission which we regret. It is in peritonitis after such operations that the chief danger to life exists, and it is proportionately important that we should know the circumstances under which homœopathically indicated remedies fail, as well as those which surround cases where they succeed, in order that we may be able to estimate aright the degree of value attaching to them. Three of the cases were operations for double, and one for single salpingo-oophorectomy, and all recovered. There were also two successful removals of par-ovarian cysts, and two sections for abdominal exploration, both patients recovering. This is a satisfactory report, and would have been still more so had mention been made of the therapeutic measures, which one presumes conduced to the recoveries in each case.

Dr. Moir, one of the physicians of the hospital, contributes an interesting and instructive account of five cases of acute ulcerative endocarditis. They all terminated fatally, as, with one exception, all hitherto reported have done. In one, the *tincture of aconite* was used, it having been found by Jousset to excite inflammation of the endocardium in rabbits. In this instance the patient had been in hospital for twelve days before the *aconite* was given. By this time disease had probably advanced beyond that stage of simply endocarditis, to which *aconite* is homœopathic. The pathology of the disease and the account of the symptoms presented by the patients, suggest to us medicines of a different class to that to which *aconite* belongs. Dr. Moir divides cases of acute ulcerative endocarditis into two classes; (1) those in which the cardiac disease is only part of a general pyæmic process, and in which the emboli give rise to secondary abscesses; and (2) those in which the cardiac disease is a primary affection, or follows after old valve lesions, and the emboli give rise to simple infarcts. To us the pyæmic element in the first would suggest such a medicine as *crotalus* rather than *aconite*, and it is one which would be probably more useful than the latter in the second.

Mr. Knox Shaw, the surgeon to the hospital, follows with a report of the operations which have been performed there. These have been both numerous and varied, and with two exceptions—an amputation of the upper third of the leg, in a man aged 64, suffering from acute gangrene of the foot, and the removal of an epithelioma of the left vocal cord—all were successful. The record is an interesting one, and gives evidence of the highly satisfactory state of surgery at the hospital. But here too, the especially instructive part of the treatment—the therapeutic, is never touched upon. It is doubtful, we

think, whether, knowing what we do of the value of *arsenic* in epithelioma, such growths should be removed until this remedy, used topically and internally, has failed.

Dr. Roberson Day, the anæsthetist to the hospital, follows Mr. Shaw with a very instructive paper on anæsthetics. Chloroform, Ether, and the A. C. E. mixture, each has its advantages and disadvantages, absolute safety cannot be ascribed to either, and cases every now and again occur where a fatal result has occurred which could never have been anticipated. Only last month, a man in Tunbridge Wells died from the effects of chloroform, who, a month previously, had taken a much larger quantity with perfect safety. Dr. Day believes that ether is the safest, and by the prior administration of nitrous oxide gas, the pleasantest anæsthetic; while, where it is desirable to obtain the greatest degree of muscular relaxation, he advises the hypodermic injection of a solution of morphia and atropin—two drugs, we may remark, which are generally regarded as antidotes to one another.

Dr. Day appends to his paper a communication on the administration of chloroform from Surgeon-Major Lawrie, who estimates that, in his own and Symes' practice, 45,000 cases have occurred without a death.

The next article is one contributed by our accomplished trans-atlantic colleague, Dr. Ludlam, of Chicago, in which he discusses the present state of peritoneal surgery in women. He especially protests against acting upon conclusions hastily drawn and urges the importance of further histological study of the organs involved in disease.

Dr. J. H. Clarke, one of the physicians of the hospital, reports in the next article, "A Proving of *Mercurius Corrosivus*." This consists of the details of the symptoms of an illness extending over 142 days, which appears to have originated in the patient having, during two days, endeavoured to relieve a gum-boil by rubbing on it, *tinc. merc. corr*, 3x, the actual amount of the salt used being $\frac{1}{17}$ of a grain.

Dr. E. A. Neatby, one of the assistant physicians, is the author of the ensuing paper—one based on two cases of a curious disturbance in the nervous system of children, closely allied to chorea, head-nodding and nystagmus. The two cases are representative of such as are curable, and those where the prognosis is less favourable. Dr. Neatby concludes with an analysis of the several medicines, the provings of which point to them as more or less likely to be of service in this condition, one the pathology of which is as yet anything but clearly made out.

The volume concludes with well-drawn reports of five cases of tertiary syphilis of the nasal cavity by Mr. Dudley Wright,

the assistant surgeon to the hospital. To them Mr. Wright appends some useful remarks on the progress of the disease, and on the medicines most commonly indicated. To these we would add *aurum muriaticum*—one which has an unquestionably useful influence on syphilised bones and has done us good service in cases of ozæna.

From this notice of the first issue of *The Reports of the London Homœopathic Hospital*, it will be apparent that our institution has been the scene of much useful and well-done work. Our only regret in closing it is, that the part which homœopathically indicated remedies have played in the accomplishment of this work has not been more fully described. It is the therapeutics which differentiate this hospital from all others in the metropolis; it is to its special therapeutics that it is indebted for its special success, and it is this therapeutics that it is the mission of its staff to teach.

History of Circumcision from the Earliest Times to the Present. Moral and Physical Reasons for its Performance; with a History of Eunuchism, Hermaphroditism, &c., and of the different operations practised upon the prepuce. By P. C. REMONDINO, M.D., Philadelphia and London: F. A. Davis. 1891.

THIS little book of some 300 pages gives a most exhaustive account of all and everything that relates to circumcision.

Undoubtedly too little attention has been paid to this subject hitherto, and the literature has been scanty, but here the reader will find all he need wish to know.

The earlier chapters are very interesting reading and written in quite a popular style, indeed, perhaps too popular a style, for in many places more technical names might have been used with advantage. We are glad to see that the author has seldom indulged in the unseemly levity to which such subjects often appear to lend themselves in the hands of some writers.

The chapter on Reflex Neuroses is decidedly the most valuable to the physician and would well repay a careful study. The author is strongly biassed in favour of circumcision, and he puts his case so clearly that he is likely to carry with him the majority of his readers, if, indeed, they be not already convinced.

At the end of the book are copious "notes to text," where numerous authorities have been consulted.

There is also a very good and complete index.

Golden Rules of Surgical Practice. By a Hospital Surgeon, Bristol : John Wright & Co. 1890.

THIS little book has been compiled by a Hospital Surgeon for the use of his dressers, and consists of the most important aphorisms in surgery, didactically expressed, and paragraphically arranged. There is little that is new, but much that is true, contained within its 54 pages. The rules given are sound and the result of experience, and to none of them could exception be taken. A dresser or junior house-surgeon well grounded in these golden rules should be thoroughly prepared to avoid those surgical traps and pitfalls into which the best men are liable to fall. As this booklet might well be carried in the dresser's waistcoat pocket, it needs a more durable binding than the dainty white cover provided by Messrs. Wright & Co.

CLINICAL NOTES.

LONDON HOMŒOPATHIC HOSPITAL.

Subdural Abscess and Thrombosis of the Lateral Sinus secondary to suppuration in the Mastoid Antrum, treated by trephining and removal of pus from both situations, together with exploration of Temporo-sphenoidal Lobe. Pyæmia; death; necropsy; remarks.

Under the care of Mr. DUDLEY WRIGHT.

THE following is an abstract of the notes taken by Messrs. H. W. J. Cook and Rowland Wilde, resident Medical officers.

Florence F., aged 12, was first seen on October 20th, 1891, and was at that time complaining of severe pain around the right ear radiating over the whole right temporal region; slight offensive brown coloured discharge from the ear, and general feelings of malaise. The discharge has been present three years; one year ago patient had an attack of scarlet fever, after which the discharges slightly increased; the pain came on for the first time three days ago; two days ago the patient vomited once, and had a slight "fit," but nothing definite had been noticed about it beyond that the arms "twitched" a great deal and there was no actual loss of consciousness.

On the day that she was first seen the tempera-

ture was 101.6° . The mind was quite clear, though the girl was evidently in great pain. The skin was dry, and the tongue rather coated. Pupils were equal. There was no redness or œdema over the mastoid process, but this and the right temporal region were tender to pressure.

The next day (October 21st) the patient was admitted into the hospital. The above symptoms remained about the same, and examination of the right ear showed the meatus filled by florid granulations, which bled readily when touched by a probe and completely obscured all view of the drum. There was a fairly free offensive purulent discharge from the ear. *Bell.* 1x and *merc. sol.* 2x were ordered in alternation, and a *perchloride of mercury* solution, 1 in 4,000, was used to wash out the ear every four hours.

The patient became steadily worse in spite of the treatment. The pain increased, the temperature varied between 103° and 99.6° ; the pulse became very frequent, at times reaching 150 per minute; there was great restlessness, and the patient grew dull and was constantly sighing and moaning. On the second day after admission an ophthalmoscopic examination was made by Mr. Knox Shaw, and commencing double optic neuritis was found to be present.

On October 24th—third day after admission—it was decided to open up the mastoid antrum and evacuate any pus that might be pent up there. The operation was performed at 4.30 p.m. by Mr. Wright. Temperature before operating was 102.6° .

First Operation.—A two inch incision was made directly behind the right auricle, having its centre opposite the centre of the bony meatus. The pericranium was then pushed aside and a trephine (diameter $\frac{1}{4}$ -in.) applied at the centre of the wound, and worked in a forward, inward and slightly downward direction. The mastoid antrum was soon opened and the entrance was enlarged by gouging away the bone. This gave exit to about a drachm of extremely offensive pus. The middle ear was now thoroughly scraped out, both through the mastoid opening and the external meatus, granulations and a small quantity of carious bone being thus removed. The whole area of operation was flushed with carbolic lotion and a small quantity of glycerine and iodoform emulsion (5 per cent.) poured into the middle ear. A small drain tube into

the mastoid process and iodoform gauze completed the dressing.

The night after the operation the patient was restless and delirious, but the condition the next morning improved; the pain had nearly gone, and the temperature registered only 98.2°, the pulse, however, was still abnormally frequent. The mastoid wound was discharging freely, and needed dressing twice a day.

Oct. 26th. The patient again worse, the temperature still shewing marked fluctuations and the pulse very frequent. The optic neuritis was more marked. A trace of albumen was found in the urine, and this morning patient had a rigor. A consultation was held and it was decided to explore the right temporo-sphenoidal lobe for abscess.

Second operation.—The operation was performed under chloroform. The spot selected for trephining was a point situated $1\frac{1}{2}$ ins. behind the centre of the meatus and $1\frac{1}{2}$ ins. above Reid's "base line." A semilunar incision was made over this, having a diameter of $1\frac{1}{2}$ ins. The pericranium was raised up over the same area and a $\frac{1}{4}$ -in. trephine applied. A piece of bone was removed and the brain, covered by dura mater, bulged into the wound. The dura mater was incised and through the opening thus made, an aspirating needle was passed in various directions, but no pus could be found. The wound was then washed out with hot carbolic lotion, and some of the brain matter which was bulging through the opening in the dura mater was shaved off. Three pieces of bone were replaced in the trephine wound, and the pericranium stitched with catgut sutures. The scalp flaps were brought together in a similar manner and iodoform dressings applied.

The patient recovered well from the immediate effects of the operation, the temperature falling from 105° to 97.6°. She passed a fairly good night, but the fever had returned the next day, and the patient again grew worse, at times being almost unconscious, and up to the 29th she had rigors daily, the temperature rising on one occasion as high as 107°. The double optic neuritis remained the same.

Mr. Knox Shaw saw the patient with Mr. Wright, and it was decided to open up the groove of the lateral sinus, so as to give vent to any pus that might have collected there.

The third operation was performed at midnight, the patient being in a semi-comatose condition and having a temperature of 105°. An incision was made at right angles to the previous mastoid wound. The bone was quickly cleared of pericranium and chiselled away in successive layers until the lateral sinus was exposed just behind the mastoid process. The opening was then enlarged upwards with bone forceps, by this means a somewhat circular opening of about $\frac{3}{4}$ in. diameter was made, at the bottom of which the lateral sinus was seen pulsating. A probe was now passed upwards and backwards in the groove from the sinus, thus separating it from the bone, and a quantity of foetid pus escaped. This was done several times both upwards and backwards and also in the direction of the superior petrosal sinus along the posterior surface of the petrous bone. There did not appear to be any clot in the lateral sinus at the time of the operation, as it refilled after being emptied by pressure; but the walls of the sinus were rough and covered in parts with inflammatory lymph. No opening was made into the sinus. The whole area of operation was well washed over with a weak carbolic lotion. The old trephine incision over the temporo-sphenoidal lobe, which had nearly healed up, was re-opened and the parts inspected to see if there was any pus beneath the dura mater, but it was found quite healthy, the bone left in the trephine opening having united firmly to the dura mater.

The temperature fell to 97° after the operation, and during the next day did not rise above 102°. The following day—October 30th—the patient had another rigor. Temperature 102.4°. The general condition was fair. The wounds looked fairly healthy, and the discharge had entirely lost its offensive character. The patient suffered no pain and slept and took food well. Dressings were renewed twice a day, and the antiseptic lotion was syringed for a considerable distance beneath the dura mater.

On November 1st the patient became worse. A cough developed, and she had pain in the left side of the chest, where a distinct friction sound was heard. This continued, and the strength gradually failed, and temperature fell, on one occasion going as low as 95.2°; and finally the patient died on November 5th, a week after the last operation. *Bryonia*, *china*, *aconite* and *lachesis* were all used during the progress of the case, but without avail.

At the autopsy extensive thrombosis of the lateral sinus of the right side was found, the clot extending downwards in the internal jugular vein as far as the level of cricoid cartilage, and upwards as far as the torcular Herophili. The veins leading from the lateral and petrosal sinus were extensively thrombosed. There was no abscess in any part of the brain, and no appreciable meningitis.

The roof of the mastoid antrum was necrosed and carious, and the ulceration had spread up to the petro-squamous fissure, thus effecting a communication between the tympanum and the sub-dural space.

A septic infarct was found in the right lung, and the left lung was collapsed, and the pleural cavity contained about 3i of pus. The other organs were fairly healthy. The trephine wound over the temporo-sphenoidal lobe had entirely healed up.

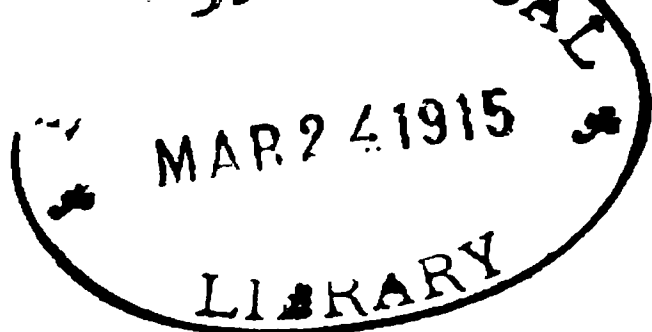
Remarks by Mr. Wright. It is only within the last three or four years that surgery has stepped in to supply a very decided want in the treatment of intra-cranial inflammation secondary to long-standing disease of the middle ear. Barker, Ballance and Arbuthnot-Lane have shown that not only may pus pent up in the substance of the brain, or the fluid of a localised meningitis be evacuated by surgical means and a favourable issue to the case be brought about; but that even when the septic process has advanced to such a point that the contents of one or other of the cerebral sinus have been converted into a puriform thrombus, the outlook is not altogether hopeless and an effort should be made to save the patient.

The foregoing report of a case of this nature will show upon what lines such efforts should be directed; though it is much to be regretted that the measure adopted by Ballance* in his cases was not carried out in this one.

By means of tying the internal jugular vein low down, *i.e.*, beyond the lower extremity of the thrombus found therein—and then opening the lateral sinus and clearing it of blood clot, he was able to prevent the systemic infection which was the cause of the fatal outcome of our case.

The operation of exposing the lateral sinus is, in

* *Lancet*, May 17th, 1890.



itself, by no means difficult, provided care and patience be exercised. It will probably be found safer to gouge the bone away piece by piece than to apply a trephine, as the inequalities in the thickness of the bone in this region render the use of this instrument somewhat hazardous. For opening the mastoid cells, or the cranial cavity in order to make exploratory punctures into the substance of the brain, the trephine is to be preferred; and one having a diameter of $\frac{1}{4}$ in. gives a sufficiently large opening to give exit to the pus in the case of mastoid disease or for introducing the aspirating needle in the case of cerebral abscess.

The differential diagnosis between the various forms of intra-cranial inflammations is always attended with some amount of difficulty, and in the present instance the symptoms gave no exact indications of the nature of the disease, though, apart from the knowledge obtained from the *post-mortem* examination, it would perhaps have been the wiser course to expose the lateral sinus and determine the presence or absence of a purulent collection around it, before proceeding to explore the brain itself and thereby subject the patient to the risk of acquiring a fatal attack of meningitis. Fortunately, however, our patient experienced no evil effects from the operation, the wound, as we have seen, having completely healed before the time of death.

The success hitherto obtained warrants us in hoping that, with more experience, much may be done to lessen the comparatively large yearly mortality from the complications of long-standing purulent catarrh of the tympanum; and, though success did not crown our efforts in this particular case, we report it in the hopes that others working in the same field of surgery, may, like ourselves, gain knowledge and experience from the lessons taught by failures.

Tumour of the left Axilla, probably gummatous; disappearance during the administration of hydrargyri iodidum rubrum (2x).

Under the care of Mr. KNOX SHAW.

Arthur C., aged 50, was admitted into Bayes ward October 5th, 1891, for a tumour in the left axilla. His family history was unimportant. He had had small

pox, and gave an undecided and doubtful history of syphilis many years ago. For the last six years he has suffered from obscure nervous symptoms which he called "nervousness." Eighteen months ago he began to complain of stiffness in the left shoulder; there was no pain, but he was unable easily to raise his arm. Soon after this he had some affection of his eyes, which ultimately left the left eye almost blind. About five weeks ago he accidentally discovered a hard swelling in the left axilla, which was a little tender, and which has gone on painlessly increasing in size.

On admission the man presented a healthy appearance. In the axilla (left) there was a considerable egg-shaped swelling of stony hardness, smooth outline, and slightly tender to the touch. The tumour extended well up into the axilla, and its upper limits could not be reached; it appeared to be attached to the deeper structures, and at its lower part was adherent to the skin. No enlarged glands were to be felt in the axilla, nor were there any other enlarged glands elsewhere. The skin over the tumour was not at all red or inflamed, but appeared to be incorporated with the growth. His blindness was due to atrophy of the optic nerve.

He was ordered *hydrarg. iod. rub.* (2x) gr. ii. three times a day.

Oct. 8th. The tumour appears a good deal smaller; the patient can move his arm more freely, and there is less stiffness.

Oct. 18th. The tumour is now only to be felt on deep palpation.

Oct. 15th. The patient was discharged with scarcely a trace of the tumour to be felt.

Since his discharge the patient has appeared at the out-patient department at intervals, and the cure has been found to be complete.

Remarks.—Solid tumours of the axilla are always interesting from a diagnostic point of view. Owing to the number of glands to be found in the axilla they are mostly of primary glandular origin, but of course are not infrequently affected secondarily to some cancerous disease elsewhere. Chronic adenitis, which is generally multiple, is most often dependent upon a tuberculous or syphilitic dyscrasia, but the axillary glands are also often found to be involved in the general adenopathic affection known

as lymphadenoma. In addition to these, a primary sarcomatous or even scirrhus growth, and fibrous, lipomatous and cystic tumours have been met with. It will be noticed that the tumour in the case just reported was single, hard, smooth, of considerable size and almost painless; and furthermore—and here was an important diagnostic point—the skin over it was involved in the tumour, but this was distinctly not due to any inflammatory condition. These points would therefore exclude strumous, syphilitic or lymphadenomatous enlargement, and pointed to either a primary cancerous affection of the glands, a view I was at first inclined to take, or a gumma of the cellular tissue of the skin and axilla. It would appear that gumma of the axilla must be comparatively rare, for I can find no mention of it in many works that I have consulted, nor is it noted in the list of “tumours and swellings of axilla” in *Southam's Regional Surgery*.

Acting upon purely pathological lines, and without any special symptomatic indications, I prescribed *hydrarg. iod. rubr.*, with the happy result that a diagnosis and cure were simultaneously effected, the rapid resolution of the tumour under the influence of the *mercuric iodide* leaving little doubt in my mind as to the syphilitic nature of the tumour.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

MR. KNOX SHAW showed a specimen of osteo-sarcoma of the left tibia, in a boy, aged 10, whose thigh he had amputated on November 16th. The disease was of about nine months' duration; the specimen showed the co-existence of both endosteal and periosteal growth. At least two-thirds of the tibia was involved.

Mr. Knox Shaw also showed a painting of a case of lupus-carcinoma which had lately been in the hospital. The patient was a man, aged 27, who had had lupus of the face since early childhood, but which had cicatrised. About a year ago, ulceration had begun in the scar and had increased to its present size. The patient declined any operative interference and had left the hospital. The drawing showed very well the characteristic features of this rare disease.

DR. ROBBERSON DAY exhibited a patient suffering from chronic rheumatism, in whom a large number of ganglionic swellings on both hands had developed.

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

THE usual monthly meeting of the above Society was held in the Hahnemann Hospital, Hope Street, on Thursday, December 3rd. The chair was occupied by Dr. Charles W. Hayward, the President, and there was a good attendance of members.

The principal feature of the evening was a paper by Dr. Hayward, Senr., which he entitled, *The Homœopathic Physician's Outfit*. The outfits of the surgeon and physician, he said, differ in the respect that whilst that of the surgeon comprises chiefly operative instruments, and is principally mechanical, that of the physician includes means to restore to the normal, organs which have become deranged, and to heal *medicinally*. These means he divided into three groups:— (1) Drugs; (2) Books reminding the physician of the properties of such drugs; (3) Auxiliary means, such as climate, exercise, baths, poultices, &c. In the paper he discussed chiefly the two first of these groups.

The use of drugs is the most important part of the physician's work. The other means have had an undue prominence given to them, owing to what might be called therapeutic fashions, many of which have had their day, the means included, ranging from climatic influences to the faith-cure.

Even all together these measures have never superseded medicines, although each of them is an important auxiliary, and all scientific physicians will occasionally avail themselves of these auxiliaries.

All medicines, properly so called, must be able to produce disease. These produced diseases are the pathogenetic effects of the drugs. These it is the duty of the physician to discover. Books describing such pathogenetic effects, form an important part of the physician's outfit. The book of books is the *Cyclopædia of Drug Pathogenesis*. In books on pathogenesis which had hitherto appeared the plan of the work (Hahnemann's original plan) was the best for the practitioner, but not for the student. Hence the British Homœopathic Society, and the American Institute of Homœopathy, agreed conjointly to issue a revision of pathogenetic conditions; not in schema, but in narrative form. This condition is fulfilled by the *Cyclopædia*. But the physician is not only a student, but also a practitioner, and needs not only a knowledge of symptoms, but also of conditions and concomitants of such symptoms. Therefore an index or repertory becomes necessary, and this key is furnished by the *British Repertory*.

All drugs have not been proved as yet; therefore, in addition, something is wanting, namely a collection of clinical

observations, as light is frequently thus thrown on a train of symptoms caused by drugs empirically selected or used.

One other literary necessity is required, namely a schema. The cure by drugs is fixed by nature, but nature only co-operates under certain circumstances, which the physician must supply. To find the relationship between the drug and the pathological condition of the patient, the *Cyclopædia of Drug Pathogenesis* supplies the best material. But with the *Cyclopædia* alone, this is difficult to discover; hence the necessity of some such work as "Allen." The only means to overcome this difficulty is the schema as devised by Hahnemann. This is embraced by the work entitled, *Materia Medica, Physiological and Applied*.

Summarising—the foundation work is the *Cyclopædia of Drug Pathogenesis*, the key to which is the *British Repertory*; and supplementary aid is furnished by records of clinical symptoms, and the *Materia Medica, Physiological and Applied*.

A discussion, as usual, followed the reading of the paper, in which the remarks brought forward were generally agreed with.

PERISCOPE.

MATERIA MEDICA AND THERAPEUTICS.

CANNABIS INDICA.—A correspondent of *the Lancet* (August 22nd) records the following experience of an overdose of *cannabis indica*:—

"A chemist," he says, "supplied me with twelve pills, each supposed to contain half a grain of the extract of *cannabis indica*. I took one about noon, and about half-past one I had lunch without alcohol in any form. Soon after this, while arranging a few photographs, I found myself much puzzled with what I was doing, and, though the photographs were numbered according to a list, I got utterly bewildered among them. The symptoms thereupon became established, and lasted till about 7 p.m.—that is say, about five hours. They were characterised by absolute forgetfulness of the thought or speech, or act of the previous moment. I would, for example, be startled by hearing as it were the echo of the last words of a sentence, I had just spoken, by not knowing what it was about; or, having proposed to go for a walk, I would meet my companion at the street door, and wonder why he were there. These symptoms came on in bouts, which lasted about two minutes, and were separated by periods fairly free from them. The first two or three bouts were separated by intermissions of about a quarter of an hour; the intermissions

then increased to half an hour, three quarters of an hour, and an hour, as the symptoms subsided. There was no unusual or unpleasant feeling in the head, or any exaltation of spirits, but except for the blanks of forgetfulness, a perfectly clear mind, which rendered the symptoms none the less alarming. Though memory failed from sentence to sentence, thought to thought, and act to act, it was quite clear as to what had been happening during the afternoon in question, so that now, three weeks later, I can remember all the occurrences of the afternoon on which the symptoms were present. I may add, that while affected by the drug my conversation and behaviour were quite natural, and none of those about me noticed anything wrong, even when I explained what my symptoms were. At one time I tried lying down quietly, but I gave it up, as I found that thought succeeded thought, only to be immediately blotted out, producing a most unpleasant effect, and no inclination for sleep. Walking about the streets, or among the people on the sea-shore, was the pleasantest way of getting through the symptoms. I tried no remedy, as when the symptoms were established, I knew that the drug had been absorbed, and that in small quantity."

BELLADONNA.—In *The British Medical Journal* (October 24th) Mr. Hall, of Littlehampton, describes the particulars of a case of poisoning in a boy, resulting from having eaten eight or nine berries of the belladonna plant. "I found him," he writes, "highly delirious, with a temperature a little above normal—99° F. He had intense thirst and appeared to have a choking feeling about the throat. The pupils were widely dilated and insensible to light; skin very hot and dry. Face, at one time pale, would, after a short interval, become intensely flushed. The urine was scanty and passed in bed. The bowels were unopened even after free doses of castor oil, which, however, almost immediately brought on vomiting. Delirium had come on at 1 a.m. (twelve hours after taking the berries), and had continued almost without interruption up to the first visit I paid—12 p.m. There were jerking movements of the arms and legs and frequent contractions of the muscles of the face. The arms occasionally moved as if plucking something from a tree, after which the hands were carried to the mouth, and the act of swallowing followed." The delirium continued during the day, but on the next he was very much better, though the pupils were still widely dilated, and after a few days was quite well with the exception of slight headache. The boy's father, who eat three of the berries, complained of intense dryness of the throat and inability to read on account of "all the letters running together." His pupils were

dilated. Two other men who had eaten one or two berries also complained of dryness of the throat and skin afterwards.

EUPHORBIIUM OFF. in erysipelas and eczema. Dr. Ghosh of Calcutta (*Hahnemannian Monthly*, November, 1891), reports a case of "eczematous inflammatory sore" on inner surface of left thigh, and surrounded by small pustular eruption. *Croton tig.* 6x was prescribed, but 1-16th of a drop of strong tincture was administered. After three doses an "attack of cholera" set in. The wound became more painful and the inflammation spread up and down the leg. The swelling was enormous. *Veratrum* was prescribed without effect, and followed by *Euphorb. off.* and the "cholera" subsided. After persevering a day or two with the remedy, the eczematous redness and swelling rapidly subsided, and the ulcer cleaned and then healed. No dressing except olive oil was used. Dr. Ghosh says he has since frequently used *Euphorb. off.* in the inflammatory and sloughing variety of eczema, acute and chronic, and in malignant erysipelas, idiopathic and traumatic. The query is raised whether the bowel-symptoms were genuine cholera or *croton* poisoning.

COLCHICINE IN ACUTE RHEUMATISM.—The promptness with which *colchicine* generally relieves the symptoms of rheumatic fever is the greatest drawback to its use—for the reason that patients generally desire to get up, or do that which will expose them to danger of a relapse as soon as they are comfortable. Dr. Goodno had collected almost eighty cases treated by myself and some dozen acquaintances, and experience suggests that the medicine diminished in value in proportion as the symptoms depart from those of a *typical rheumatic fever*. The greater the pain, swelling, number of joints involved, sweat, &c., the stronger is *colchicine* indicated.

Relief of pain follows in most cases within twenty-four hours, and within forty-eight hours the patient is generally comfortable, the swelling, fever, sweats, &c., much diminished. By the third or fourth day it is evident the case is thoroughly in hand. By the fifth to the seventh day it is difficult to keep the patient in bed.

A tincture made by adding gr. j of Merck's *colchicine* to 3 j of dilute *alcohol*. Of this the dose is gtt. v. to x. (*The Chirœonian*.)

GELSEMIUM.—Dr. Watt, of Hovingham, Yorkshire, mentions (*Brit. Med. Jour.*, Oct. 24th) the case of a young girl, twenty years of age, "a frequent victim to neuralgia," who on one occasion took eight 20 minim doses of the tincture of gelsemium for eight consecutive hours. The result was a feeling of numbness and of general oppression as of "a weight

all over her." This numbness she also described as a feeling of deadness so that it was a conscious effort either to think or breathe. In another case where a similar mistake was made, Dr. Watt said the symptoms were similar, with the addition of giddiness when the patient attempted to move about. In the first case the patient was confined to bed.

GELSEMIUM IN NASAL CATARRH.—Dr. Goodno (Philadelphia) says that so constant is the favourable action of this remedy, that it can be regarded as almost specific in typical colds in the head; not even *aconite* is to be compared with it. Sneezing, watery discharge, swollen nostrils, rawness of throat, tickling cough, headache, vertigo, congested heavy eyes, malaise, general pain, chilliness, slight fever, diminished arterial tension, etc., in whole or part present in different cases, are met successfully by this medicine. *The best results are seldom attained unless gelsemium is prescribed during the earliest stage of rhinitis.* This statement cannot be too strongly emphasized.

Dose.—One or two drops of the matrix tincture every hour for 3—4 doses or more, then less frequently after relief has been obtained.—*The Chironian*, Nov. 9th, 1891.

"POINTS" ABOUT APIS.—Both *rhus tox* and *apis* produce serous exudations. In *rhus*, the exudation is apt to become purulent, whereas in *apis* it does not.

Apis is the only known remedy which produces the following combination of symptoms:—High temperature, with a daily increase at from 4 to 5 o'clock p.m.; patient is stupid and drowsy, and there is a lack of thirst. Of these symptoms the mental conditions are of the most importance.

In the early stage of diphtheria, when the throat is oedematous, with the lack of thirst and the accompanying mental symptoms of drowsiness and stupidity are present, *apis* often helps to secure a benign course of the disease.

Apis may be prophylactic to kidney complications in diphtheria, especially if stupor and drowsiness are present.—*(The Chironian)*. A. C. P.

MEDICINE.

ACUTE LARYNGITIS AS A RESULT OF THE LOCAL APPLICATION OF IODIDE OF MERCURY.—Dr. Kanasugi (*Berl. Klin. Wochenschrift*, No. 36, p. 880). A man, 32 years old, had been infected with syphilis two years before and then underwent an energetic inunction cure. Four months after, the tonsils were specifically affected, but *chromic acid* applied locally and calomel injections restored them to a normal state. For eight days the patient had had dysphagia and hoarseness, caused by

syphilitic laryngitis, and mucous *plaques* on the tonsils. *Iodide of potassium*, 1.5 grammes per day, and the mucous *plaques* were painted with *chromic acid*. Nine days afterwards, June 20th, insufflation of *calomel* into the larynx. The following night violent pain, increase of hoarseness and difficulty of breathing and speaking. The mucous membrane of the epiglottis and arytenoid cartilage cedematous, and the interior of the larynx appeared as if it had been cauterised with nitrate of silver. Dr. K. thinks that the nascent *iodide of mercury* was the cause of the acute inflammation, which, however, subsided rapidly when the remedies were discontinued.

ON THE PATHOGENESIS OF DIABETES.—Lépine gives (*Archives de Méd. Expérimentale*, March, 1891) experiments to show that a glycolytic ferment exists in the healthy subject, and that in an animal deprived of the pancreas, as well as in a diabetic man, this ferment is diminished. He speaks of this as a fact beyond question, but states that there is no increased *production* of sugar when the pancreas is removed from healthy dogs.

ETIOLOGY OF DIABETES MELLITUS.—Dr. Max Flesch, of Frankfort quotes, (*Berl. Klinische Wochenschrift*, Oct. 5th, 1891) a case of acute diabetes mellitus caused by mental excitement, and thinks many cases are produced by violent mental strain and emotional excitement.

ON THE ACTION OF CANTHARIDATE OF POTASH ON INFLAMMATORY PROCESSES.—Dr. G. Coen, of Leghorn, details a number of experiments with the *salts of cantharidine* (*Archives de Médecine Expérimentale*, May, 1891, p. 886). He says, on February 25th, 1891, Professor Liebreich drew the attention of the members of the Medical Society of Berlin to the pharmacology of the *salts of cantharidine*, and stated that in strong doses they produce lesions of the kidneys in the form of acute or sub-acute nephritis. In medium doses it produces an abundant serous secretion from the capillaries, especially from the pulmonary, but also from the renal. Liebreich thinks that this serous secretion is produced more easily when the capillary area is already in a state of irritation in consequence of chemical or bacterian mischief.

Coen gives the result of a number of experiments undertaken to show the action of *cantharidine* on capillaries in a state of irritation.

An inflammation of the ears of rabbits was provoked by croton oil or hot water. Each experiment was made on a pair of rabbits, one only being injected with a solution of the *salt of cantharidine*.

The first effect produced was always dyspnœa; sometimes

the number of respirations was too great to be counted. Slight elevation of temperature, some tenths of a degree. The urine contained blood, sometimes after the first injection. Loss of weight and appetite. Diarrhœa. Lesions of the intestinal canal were found in the fatal cases.

The œdema caused by the irritant disappeared quickly in the fatal cases of *cantharidine* poisoning, but with small doses there was much less diminution of œdema. An increase of exudation in the irritated ear was never observed.

SOME REMARKS ON THE SO-CALLED "NONA."—Dr. Ebstein, of Göttingen, refers to the cases of "nona" which occurred in the spring of 1890 in North Italy. He suggests (*Berl. Klinische Wochenschrift*, Oct. 12th, 1891) that the name is a reporter's corruption of "koma." That there is nothing unusual in the occurrence of severe nervous symptoms passing on into coma. They were observed and recorded by Graves (in 1848) and many other good observers. Ebstein reports two cases of coma which he thinks were due to epidemic influenza.

J. GIBBS BLAKE.

PHTHISIS DUE TO STRAIN.—Dr. Goodno, of Philadelphia, read a paper on this subject before the Homœopathic Medical Society of Pennsylvania, and averred his opinion that "strain as a factor in the production of pulmonary" phthisis is not confined to professional athletes. He gives details of two cases of young men aged 31 and 18, in whom pronounced consolidation of the upper part of the lungs had taken place, with the usual symptoms due to the same. In one instance it was noticed that comparative freedom from exercise relieved the symptoms and full indulgence aggravated them. Both patients were previously healthy and without family history of lung trouble; one of them was of fine physique. Their surroundings and mode of life had been healthy, both had been engaged in all athletic sports, especially running and rowing races. In one the onset was sudden after a foot race. Rest produced improvement and brought the disease to a standstill.

Dr. Goodno, commenting upon this condition says, "I feel convinced that the terrible strain of muscle, and all muscular organs, especially the heart; the greatly increased blood pressure, endangering the integrity of the blood vessels, if organically weak, and their future nutrition, as well as that of the tissues supplied by them, even if sound; the almost agony of mind, as the enthusiast nears the goal—are only warrantable to preserve one's very existence. Such efforts, as a means of perfecting the physical organism, are on a par with harrowing trouble as a means of mental strength and peace." *Hahnemannian Monthly*, November, 1891.

SURGERY AND OPHTHALMOLOGY.

OPERATIVE TREATMENT OF PYLORIC CARCINOMA.—In the *Lancet* of Oct. 24th, 1891, Mr. Bowreman Jessett describes an operation which is a very important advance in the operative treatment of this serious and fatal disease. Hitherto, when removal has been attempted, the pylorus and the growth have been removed and the divided duodenum has been attached to the stomach by the method first described by Billroth. This is a difficult and tedious operation and it has not been crowned with very much success. Mr. Jessett's seems to be the first successful case of combined pylorotomy and gastro-enterostomy. Though others claim priority in the performance of the operation.

The operation consists in the removal of the pyloric end of the stomach with the growth; this is followed by the complete occlusion by careful suturing of the divided ends of both the stomach and duodenum. The jejunum is next found and openings having been made in this and the greater curvature of the stomach decalcified bone plates are inserted and the appertures approximated and carefully joined. The patient, a woman aged 38, was operated on in the Cancer Hospital, Brompton, on August 4th, and the specimen and the patient were shown at the Clinical Society on October 23rd.

A similar case by Mr. Knox Shaw was reported in the *Review* last month.

1.- THE REMOVAL OF TARSALE TUMOURS.—Mr. Jonathan Hutchinson advocates the following method of operating for this trouble:—"Having everted the lid, and well exposed the tumour, I hold the lid as tightly as possible, if practicable pinching it from side to side; then with a point of a very sharp cataract knife (Beer's) I make a crucial incision through the mucous membrane, and into the cyst. One part of the incision lays open the gland in its whole length, and the other crosses it. The incision evacuates the gruel-like contents of the cyst, but leaves the gland itself behind. Still holding the lid quite firmly, I next place my thumb between the eyeball and the mucous membrane of the lid, with its nail, of course, towards the latter. A very slight squeeze of the lid now suffices to eject the entire gland. The ease with which the ejection is completed depends entirely on the freedom with which the incisions have been made.—*Archives of Surgery*, Oct., 1891.

FLUORESCINE IN THE DIAGNOSIS OF ULCERATION AND ABRASION OF THE CORNEA.—Dr. Adolph Bronner (Bradford) read a paper on this subject before the British Medical Association meeting in July last. Fluorescin when dropped, into the conjunctival sac did not colour the normal cornea, but

only that part of the cornea which was not covered with normal epithelium. If the colouration spread quickly it was a sign that the tissue was not in a normal condition, and that therefore the corneal ulcer was likely to increase. Dr. Bronner used a solution of 2 per cent. fluorescin, and $3\frac{1}{2}$ per cent., carbonate of soda or 2 per cent. solution of the potash salt. Fluorescin was useful in detecting small abrasions of the cornea, which were otherwise very difficult to diagnose. They could accurately detect the extent and depth of a corneal ulcer, and also find out how much of the interstitial tissue was affected.—*Brit. Med. Jour.* Sept. 12th, 1891.

INTESTINAL OBSTRUCTION.—Professor Woods, of Michigan University, whose presence in their midst his London *confrères* had the pleasure of welcoming last summer, has placed on record three fatal cases of obstruction. In the first, a girl aged 17, sudden pain, followed by persistent vomiting, and (after the first day) obstinate constipation, with some considerable tympanitis, indicated obstruction not very high up. Strangulation by a loop of omentum was found at the operation (on the fifth day) and by a band near the ileo-cæcal valve. Sero-purulent peritonitis was present. The patient rallied well, but when the bowels began to move (24 hours) collapse set in. The second case, that of a woman aged 68, had a history of many previous attacks of colic, nothing characteristic of biliary colic. Obstruction just above the ileo-cæcal valve was found to be caused by a large gall-stone ($2\frac{1}{2}$ in. by $1\frac{1}{2}$ in.). This was removed by incision. Death from exhaustion 86 hours after operation. Third case, strong active man, aged 45. Sudden umbilical pain and vomiting twice, were followed by ileo-cæcal tenderness. Bowels acted first day. On fourth day meteorism set in. Abdomen full of dirty pus, gut gangrenous from invagination near ileo-cæcal region. An artificial anus was made. Death from shock in about 12 hours.

In his remarks Professor Wood points out that if the obstruction is in the upper part of the small intestine, "regular movements of the bowels may take place for several days after the occlusion occurs." Vomiting is early and persistent, and never fæcal; pain is great and meteorism absent. Obstruction in the lower part of the small bowel has meteorism and fæcal vomiting and possibly escape of gas or fæces *per anum*. Pain and general symptoms severe. In occlusion of large intestine there is total absence of escape from the bowel. Distension with gas is early and great. Vomiting if present, passes off after the first, and the pain is intense and paroxysmal.—*Hahnemannian Monthly*, November, 1891.

DISEASES OF CHILDREN.

COMPARATIVE HISTOLOGY AND CHEMISTRY OF COWS', GOATS', ASSES' AND HUMAN MILK.—In a paper read at the Paris *Acad. de Médecine*, Béchamp's investigations are summarised as follows :—1. Human milk, compared with the others is not an emulsion. 2. The investing membrane of globule of human milk is thinner and more extensible than that of the other species. 3. The human and cows' milk globules contain besides butter a soluble albuminoid matter. 4. Human milk absorbs much ether and asses' milk least. The cream from the latter is compact and transparent. 5. Lactose is common to all four. 6. Human and asses' milk contain no casein; cows' and goats' milks are essentially casein milks. 7. In the two former the albuminoid matters are dissolved, and it is an alkaline albuminated milk. 8. Human milk does not contain free phosphate. 9. Human milk has an energetic saccharifying action on starch. 10. Human and asses' milk do not coagulate on turning sour; the others do. 11. Boiling alters the lact-albumin and destroys the functions of the microzymes of all. 12. Boiling does not kill them. 13. Hence boiling cannot render the milk of diseased animals innocuous, &c.—*Hahnemann. Monthly*, November, 1891.

“BANDAGING THE BABY.”—Dr. F. T. Miller, at the annual meeting of the Homœopathic Medical Society of Pennsylvania, read a paper in which he says there is, after the umbilical cord has separated, no necessity for the abdominal bandage so commonly inflicted upon babies. “When the cord stump heals, there is no physiological, anatomical, or mechanical necessity for the child to be bandaged like a broken leg. On the contrary. . . . Bandaging does not strengthen a child's back, it weakens it. Supported muscle is always flabby, pale and weak. . . . Bandaging does not prevent rupture, it causes it. The effort of sneezing or coughing in a bandaged child forces the abdominal contents upon the abdominal rings, and if they are weak rupture surely follows. . . . Rickety children, puny, poor, are the ones most sinned against in the bandaging way; in truth they are the very ones that need it least. Fresh air, proper food, free motion, and less compression would give such children a lease of life that is now squeezed out of them.”—*Hahnemann. Monthly*, November, 1891.

GUM-LANCING.—Forschheimer's conclusion on this subject may be summed up as follows :—1. It is useless (*a*) for giving relief to symptoms, (*b*) for facilitating the eruption of the teeth. 2. It is useful only for depletion, and ought not to be used for such. 3. It is harmful in causing local trouble, (*a*) in producing

general disturbance from hæmorrhage, (b) in having established a method which is too general to do specific good, and too specific for general use.—(*Ann. Univ. Med. Sci.*, vol. 1, Ed. 1891).

SALOL IN INFANTILE DIARRHŒA.—Dr. Weber says that salol manifests its antiseptic properties most markedly in infantile diarrhœa. It is this peculiar quality which renders it superior to many other remedies. Another advantage is the rapidity with which it acts, the vomiting and diarrhœa ceasing in twenty-four hours. Dr. Weber's formula is as follows:

R. Salol gr. iij.
Tinct. opii m j.

M. Ft. tal. chart. q. s. Sig.: One powder twice daily.

Of course, the amount of laudanum and salol is to be adapted to the age of the patient, especial care being necessary in the use of the former.—*Gazette des Hôpitaux*.—*Ibid*.

FERRUM PHOS. in the summer diarrhœa of children, entero-colitis, &c.

Stools.—Blood; bloody serum or mucus; stools yellowish, whitish, or brownish; very profuse stools, like bloody fish brine; undigested, green, watery, or greenish bloody mucous stools.

Aggravation.—Midnight until morning (the watery, bloody, fish-brine-like stools).

Bloody mucus, with watery discharges, day or night.

Colic before stool: no tenesmus, or very slight; after stool; debility.

Accompaniments.—High fever; skin hot and dry; pulse full, 120 to 160; great prostration; cough, rusty sputum, restless at night; blood from any orifice of the body; marked thirst for much water; temperature high, vomiting; pneumonia, first stage, crepitant râles; diarrhœa of consumptives, undigested stools.

These symptoms and conditions are such as have existed in connection with cases of diarrhœa; or the diarrhœa has been superadded to the primary condition, such as a pneumonia, and become a prominent feature of the case.—*Ibid*.

THE FREQUENCY OF INFANTILE CONVULSIONS.—Dr. G. L. Walton has found that out of 1,000 children, taken consecutively at random from all classes of society, 11.1 per cent. have been found to have a history of infantile convulsions. Among epileptics whose epilepsy did not begin in infancy seven per cent. had infantile convulsions.—*New York Med. Rec.*, Nov., 1891.

EDWIN A. NEATBY.

NOTABILIA.

THE SO-CALLED BICHLORIDE OF GOLD
TREATMENT OF DIPSOMANIA.

ABOUT a year ago, a certain Dr. Keeley, of Dwight, Illinois, announced a specific cure for dipsomania. The remedy was administered under the skin, and was stated to be *bichloride of gold*. Thousands have submitted themselves four times a day to the injections, and have drunk doses of drugs, said to be *cocaine, strychnine, atropine, ammonia, &c.* The patients were allowed to drink *ad lib.* of alcohol (supplied by the doctor—"doctored" ?), but they speedily lost all craving for it. It was stated that 95 per cent. of the cases were permanently cured, but this appears to have been an exaggeration. Not more than 50 per cent. are said to stand. The exact composition of the injections and fluid taken by the mouth is kept a secret.

The *New York Medical Record* (Nov. 14th, 1891), writes of the "collapse of the gold cure," on the ground, apparently, of one of the "converts" having died in a drunken "spree." Contemporary medical journals criticise (and justly) the secrecy practised, but it is possible, notwithstanding, that good may result from the treatment. The *Medical Era* states, that a Dr. Grey uses with equal success the formula subjoined :—

R, Chloride of gold and sodium	...	...	grs. xij.;
Muriate of ammonia	...	...	grs. vj.;
Nitrate of strychnine	...	...	gr. j.;
Atropine	...	...	gr. $\frac{1}{4}$.;
Compound fl. ext. cinchona	...	...	℥ ij.;
Fl. ext. coca	...	...	℥ j.;
Glycerine	...	...	℥ j.;
Distilled water	...	...	℥ j.

Mix and take a teaspoonful in a glass of water every two hours when awake.

There is nothing new in the substitution of these nerve stimulants for that of alcohol, but if they are better used in combination, it is well to know it. There is abundant opening on this side of the water for a dipsomania cure.

CACTUS GRANDIFLORUS.

DR. HORNE, of Barnsley, a practitioner of many years standing, tells us (*Lancet*, Dec. 5th) that he has "for the last twelve months been using this remedy with great satisfaction." Many a physician, in this and other countries, has had similar experience for nearly thirty years. It was in 1864, when Dr. Rubini, of Naples, from experiments he made with it upon himself and his wife, first showed that it excited in them symptoms similar to those characterising some forms of heart disease. These experiments, of course, pointed to it as a useful remedy in such morbid conditions, and this it has proved itself to be. Dr. Horne adds, that "like many other useful remedies, the virtues of the night-blooming cereus, seem to have been long known to homœopaths and eclectics, but it has not been much used in this country by regular (*sic.*) practitioners." How the so-called eclectics gained their information we do not know; probably they did so in the the same way as the practitioners, who, being without any *regula*, Dr. Horne cynically calls regular! Homœopaths obtained their knowledge of it through bringing their *regula* to bear upon experiments made with it, just as they have done with the many other useful remedies which, as Dr. Horne says, "have long been known" to them!

How much to be regretted it is that sheer ignorance of homœopathy, stupid prejudice, and a mischievous professional policy should combine to keep a knowledge of these many useful remedies, their several spheres of action and the mode of using them, from the knowledge of the general practitioner.

Dr. Horne thinks that it does not in any way supersede the necessity for *digitalis*. Of course it is not. In cases permanently benefited by *digitalis*, the pulse and action of the heart are both irregular and slow; such as will derive advantage from *cactus* have a hard pulse, the beats being irregular and rapid. The sensation of the cardiac area is one of constriction, giving the idea of the heart being bound with an iron band. The least motion induces the quick irregular beating referred to. In cases demanding *digitalis*, the heart is generally somewhat dilated and hypertrophied. *Cactus*, again, in organic disease, is most commonly indicated where there is hypertrophy without dilatation, and is also oftentimes valuable in those functional nervous disorders of the heart in which Dr. Horne appears chiefly to have used it.

The great point, however, is that the therapeutic sphere of *cactus* was made known through homœopathy, the only source whence we can derive an accurate knowledge of the really specific curative sphere of any drug.

THE UNITED STATES ARMY AND NAVY AND HOMŒOPATHY.

A PARAGRAPH in the U.S.A. army regulations states that the candidates for appointments must be graduates of "a regular medical college." Correspondence with the War Office as to whether the term "regular" was used in a sectarian sense, elicited the reply the term indicates "a college that is well equipped and prepared to cover the whole ground of the science and art of medicine in its teaching, and requires not less than a three years' course of study to secure its diploma." Thus, "homœopathic graduates" stand on an equal footing with those of the old school (*Southern Journal of Homœopathy*). It may not be known to all our readers that the homœopathic colleges of the United States require the full three years' course, while not more than one-half of the allopathic colleges exact this period. It will be borne in mind that our own general medical council now requires a period of five years' study.

SURGERY AND HOMŒOPATHY.

THE erudite paper of our colleague, Dr. Burford, read on this subject at the Annual Congress, has been reprinted in *extenso* by the *Medical Era* (Nov. 14th, 1891), and the *Southern Journal of Homœopathy* (Nov. 1891), and referred to, we believe, in eulogistic terms by others of our American contemporaries.

THE LONDON HOMŒOPATHIC HOSPITAL.

November.	1890	1891
Average number of beds occupied daily during month	68	56*
Number of in-patients from 1st April to end of Nov.	569	584
Number of out-patients from 1st April to end of Nov.	6,090	5,870
Attendances of ditto from 1st April to end of Nov.	15,786	14,688

* Ward closed for want of current funds.

RIGHT OF WAY.

AN ordinance has recently gone into effect in Berlin, which will give the right of way to carriages of physicians driving through crowded streets. In order to distinguish doctors' carriages from others, the coachmen will wear white hats,—*N.Y. Med. Record*,

MELBOURNE.

A SUCCESSOR wanted for an important practice in Melbourne. Present incumbent retiring from practice, and coming to England in Spring. Applicants must be experienced, thorough homœopaths, and not too young. Information can be obtained from Dr. Dyce Brown, 29, Seymour Street, W.

PHYSICIAN'S DIARY AND CASE BOOK FOR 1892.

Keene & Ashwell, New Bond Street, W.

WE have again the pleasure of bringing before the notice of our colleagues the 1892 issue of Messrs. Keene & Ashwell's *Physician's Diary and Case Book*. Its usefulness is now too well appreciated for any praises on our part to be required. We advise all practitioners to possess themselves of a copy

CORRESPONDENCE.

HIGH *versus* LOW DILUTIONS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—At the last meeting of the British Homœopathic Society, I was unable to make some remarks, as I had hoped, upon the question of the dilutions, nor do I think it matters much, as on such a subject expressions of opinion carry little weight. Recent experiences have proved to me the surpassing utility of high dilutions in certain forms of disease, so much so that I am quite prepared to challenge the production of cases of equal obstinacy cured by low potencies or material doses.

It is immaterial to me what forms of disease others may select for the purpose; all I insist upon is that an impartial arbitrator—such as, say Dr. R. Hughes would be—be selected to adjudicate.

The proposition I hold to, is that there are cases curable by high dilutions that are absolutely incurable by low ones, and that I am prepared to show proof of this at any meeting of all the adherents of homœopathy in this country, convened for the purpose.

Very truly yours,

ROBT. T. COOPER, M.D.

14th Dec., 1891.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

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FIBROMA OVARIUM.
PEDICLE ON THE UNDER SURFACE.

Monthly 15
 Review, 184

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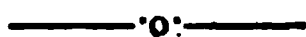
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Dr. DYCE-BROWN's Case of Fibroma Ovarii.
Successful Laparotomy by Dr. BURFORD.

THE MONTHLY HOMŒOPATHIC REVIEW.



ON THE SELECTION OF DILUTIONS OF MEDICINES.

BY ALFRED C. POPE, M.D.

DR. CLIFTON'S remarks on the relative efficacy of different dilutions of medicines, when prescribed homœopathically, formed an interesting portion of the paper read by him at a recent meeting of the British Homœopathic Society, and, with the discussion which followed it, seemed to show that, beyond a certain point, the actual amount of *exact knowledge* possessed by us as to the most suitable dose of a homœopathically selected medicine in each and every case is in reality very small. By exact knowledge, I mean the power to give a reason, derived from well-ascertained facts, why a certain dilution of the homœopathically indicated medicine is to be preferred in a given case to any other. The experience accumulated during the last hundred years of thousands of physicians has not provided facts applicable to the solution of this question; neither has it accomplished much towards suggesting any means of obtaining them. Dr. Clifton's extensive field of carefully studied observation enables him to say, "that attenuations of 30 and upwards are curative, when the medicine is homœopathic to the case, and oft-times *more* efficacious and better to

be relied on than others." There are few homœopathic practitioners who, having been accustomed to use various dilutions, would not endorse this general statement with one proviso, viz., that the first clause of the sentence be allowed to read "attenuations of 30 and upwards are curative" *in very many instances* "when the medicine is homœopathic to the case." But before we can lay claim to any precise knowledge on this question, we must be able to point to facts which enable us to differentiate between the cases where the 30th dilution is inadequate, where it will be useful, and where "it is better to be relied on than any other."

Dr. Clifton also admits that there is testimony, to a large extent, at hand, proving that "although the high dilutions may be curative in some cases, the low are *more* efficacious in *most* cases." Precisely the same criticism applies here—we have no *data* by which we can be guided to the cases where the high dilution may be curative, or to those where "the low are most efficacious." Dr. Clifton adds, "and here the matter, so far, rests undecided;" as most assuredly it does, but should not; and though the difficulties surrounding the acquisition of such *data* are many and great, by pushing enquiry to acquire them through increasingly accurate methods of investigation we shall, step by step, enlarge our knowledge of the dose question, and possibly—though I fear not probably—solve it altogether.

To refer for a moment to the discussion, Dr. Neatby said, that "At the present time he found himself going from the 200th to the strong tinctures." Dr. Dyce Brown remarked, that "it seemed to him the most useful plan was to observe each individual case, and watch indications for changing the dilution. The most successful practice was to use all dilutions." Dr. Morrisson "used now both the high and the low." Dr. Clarke said that "each attenuation represented a different potency, and the point was to find the proper place of each." That indeed is *the* point! The method of ascertaining the most suitable "potency" which he quoted from Jahr appears to me too fanciful, the product of the imagination rather than the result of experiment, and, moreover, if real, deals only with one factor in determining our selection of a suitable dilution or "potency" in a given case; others being such as the

nature or type of disease, the peculiarities of the drug itself and those of the patient; as Dr. Cook observed, "Doses must be varied according to the individual for whom you are prescribing, and this was not so much a question of symptoms as of temperament." Then again climate has its influence in modifying susceptibility to medicinal action; the age of the patient, his occupation, his mode of life, his habits—all may well be supposed to have more or less to do with increasing or diminishing susceptibility to the power of a medicine, and consequently to the dilution which it may be best to prescribe. With regard, however, to the influence each of these conditions has upon the dilution, we *know* but little, though all of us *think* and *suppose* more or less.

To get at accurate knowledge then is a matter of the greatest difficulty. The quotations I have made from the speeches of Dr. Neatby, Dr. Dyce Brown, and Dr. Morrisson seem to suggest that the power to vary the dilutions advantageously is a sort of medical—or shall I say posological—instinct, not one derived from formulated facts. "How do you mix your paints, Mr. Opie?" said the enquiring student to the artist, "With brains, sir," was the reply. A similar answer to the question, "What guides you in choosing your dilutions?" would seem to be all that is possible now. We may observe each individual case, for example, but what is it that we are to observe in order to assure us that a pure tincture will do more good than one diluted to the 6th, 12th or 30th "potency?" What is it that will guide us accurately to prescribe the 30th in preference to all others?

In some instances physicians, who, from every point of view are well worthy of our confidence, have, as the result of personal observation, attached especial importance to a particular dose in certain forms of disease. When we come to examine these what a confusion of tongues do we encounter! I will only give two illustrations. In 1885 Dr. Edward Madden published a series of cases of rheumatic fever in this *Review*, to show that the undiluted tincture of *bryonia* was the safest and most satisfactory form in which this drug could be used in that disease. To the August number of the same journal last year, Dr. Lamb, of Dunedin, New Zealand, contributed reports of several cases of the same disease,

together with the impressions made upon him by other instances, and these were to the effect that the 30th dilution of *bryonia* was infinitely superior in promoting recovery from acute rheumatism to the first decimal! The late Dr. Bayes and the late Dr. Madden, both regarded the 18th dilution of *chamomilla* as the best preparation of that drug in cases of reflex irritability of the gastric and intestinal mucous membranes in childhood, in which it is indicated. Dr. Hirsch, of Dresden, on the other hand, advocated the use of a weak infusion of the flowers in exactly the same type of disease. A look through the clinical records of our journals would provide numerous equally contradictory expressions of opinion. Dr. Wilks once said regarding the choice of medicines—an infinitely more important matter let me interpolate—"It would be interesting to know, at the present time, how many medicines are given from a knowledge of their use, and how many because we consider them likely to do good by simply following the dictates of our minds." To me, and, I doubt not, many others, "it would be interesting to know at the present time how many" of the various dilutions are preferred by us all "from a knowledge" of their special suitability to individual cases, "and how many because we consider them likely to do good by simply following the dictates of our minds." It would, I am inclined to think, be of service, in endeavouring to solve this problem of the selection of a dilution in individual cases, if those who habitually vary their dilutions from the 200th down to the pure tincture would put in writing, at the time of prescribing, the reason which actuated them in fixing on the particular dilution they ordered. An analysis of these reasons—these "dictates of our minds"—at the end of a year would be very interesting and instructive. I remember a piece of criticism which illustrates this; and, as it only reflects upon myself, no one's feelings will be hurt by my reproducing it. About twenty years ago, I published a little book, entitled *A Medical Handbook for Mothers*. In an appreciative notice of it, which appeared in the *British Journal of Homœopathy*, the reviewer, while approving of my departure from the routine of third dilutions hitherto recommended in domestic books, said, "We think, however, that a little explanation should be given as regards the dilutions recommended, *i.e.*, why

the harmless *coffea* and *agnus castus* should be given in the third dilution, while the potent *aconite* and *nuxvomica* are given in the first." To this perfectly fair question the only answer that I could have given would have been that I had been in the habit of using these medicines in these dilutions, and had found them to be useful. But that, after all, is a very unsatisfactory and very inadequate explanation. Such directions are of course general statements merely, applicable enough to the majority of cases; while in a book of that kind to have attempted to point out the circumstances under which other dilutions had been shown to be preferable would have been entirely out of place. Even had it been otherwise, where are the materials which would have enabled me to show this?

Seeing then that we are without any clearly proved and definitely stated facts to guide us in the selection of a dilution especially adapted to an individual case or, to bring out the curative power of a particular medicine, we fall back upon the experience of thoughtful and skilful practitioners. In a lecture published in this *Review* (March, 1882), I brought together the observations of several physicians of this type. Of these the conclusions of Dr. W. Arnold, forty years ago the professor of pathology in the University of Heidelberg, always seemed to me to have been reached in a more scientific and painstaking manner than those of most who have written on this subject, and have, I am quite conscious, had a considerable influence upon my practice. He gives the following as the results of his twenty years practice of homœopathy:—

"After," he says, "I was convinced of the truth of Hahnemann's law of cure, I deemed it my duty to listen to the repeatedly expressed desire of the Reformer, and repeat his experiments exactly. As far as the doses are concerned, I did this with great unwillingness, and with great scepticism as to results. Nevertheless, I saw not a few cases recover after the administration of medicines in the tenth, twentieth, and even thirtieth centesimal dilution. I observed not only speedy cure of acute disease, but also frequently a great change in many chronic cases. I grant readily that many of the cures which encouraged me in the commencement of my homœopathic experiments were not due to the small doses of medicine; but that all the results are to be ascribed to the healing

power of nature alone, I can by no means convince myself, even with all the forces of scepticism. I saw, in not a few cases which had resisted the most different modes of treatment, cure take place after a small dose of a carefully chosen homœopathic medicine. In not a few cases, however, I waited in vain for any curative result from the small doses; but nevertheless, distrusting myself rather than the precepts of Hahnemann, I at first sought the cause of failure, not in the insufficiency of the dose, but in error in the choice of the medicine. This brought on me many cares and troubles, until I saw myself obliged to descend to lower dilutions. I was soon convinced that these yielded much more certain results, without the so-much-dreaded disadvantages. In this manner, guided by experience, I arrived step by step at the position that it is never necessary to administer medicine in any dilution or trituration higher than the sixth dec. (third cent.), and I have never had to complain of any hurtful collateral action or any primary action, that disturbed the cure. But I must add, that it is only very seldom, and with very powerful medicines, and in very susceptible patients, that I ever go as high as the fifth or sixth dec. dilution, that in general I confine myself to the first or second dilution or trituration, though not unfrequently I find it necessary to go up to the third or fourth dec. dilution for these purposes. In the six lowest decimal dilutions and triturations, I consider that we possess a scale suitable to afford the corresponding doses for all the present known diseases.

“In a period of ten years I have never found it necessary to go above the sixth dec. dilution, but I have often been obliged to give the specific remedy in stronger doses, such as several drops of the pure tincture, or one-fourth, one, or even several grains of the original preparation.”*

Then, again, the late Dr. Black writes after thirty years' experience, and says: “I began the practice of homœopathy by using the higher dilutions, encouraged by the personal exhortations of Hahnemann; but the exigencies of practice soon led me to reduce the scale. I now think the suitable therapeutic dose so near that dose which can excite physiological action in a healthy body, that a range from the crude substances to the third centesimal dilution is amply sufficient to meet all the requirements of practice.”† So, also, Dr. Drysdale,

* *Brit. Jl. Hom.* vol. xxix., p. 581.

† *Das Rationell Specifiche oder Idiopathische Heilverfahren, &c.*, by Dr. Wilhelm Arnold, Heidelberg, 1851. *Brit. Jl. Hom.*, vol. x., 325.

who has frequently described the sixth dilution as that beyond which it is never necessary to go.

In the absence of known and well established facts determining the right dilution in particular cases, some may, not unnaturally, ask wherein consists the necessity for diluting medicines at all. This necessity exists in order to prevent the possibility of any aggravation of the patient's illness, for, to use the words of Jörg, of Leipsic, "it is the very nature of the thing that a medicine must produce a much greater effect when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing."

But there is no tangible evidence, nothing beyond personal impressions which do not appear capable of being reduced to writing, at least in detail, of any necessity for diluting our medicines beyond that dose which will enable us to avoid an aggravation. This end is accomplished in all cases, save those occurring in very susceptible people, when we give a dose smaller than is required to excite its pathogenetic action. This, again, we do with all drugs, except a very few, when we prescribe them in one of the first three decimal dilutions. A slight aggravation, too, is of less moment than an inadequate dose. The remark of Hahnemann in one of his earliest papers, that "scarlet fever is a much more serious evil than a few troublesome symptoms produced by somewhat too large a dose of *belladonna*," may be applied to all diseases and all medicines.

It has been this absence of any solid foundation of reasoning from ascertained fact that has led to the confusion which always has existed, and still does exist, in all we say and write regarding the dose. The suggestion I have made, that each observer should, when prescribing, write down the reason which induced him to select the particular dilution prescribed, would, I think, be helpful in removing some of the confusion.

Assistance might, I think, be derived from studying the doses in which different morbid states were resembled by the same medicine. Now that the *Pathogenetic Cyclopædia* is complete, it is, for the first time in the history of homœopathy, within our power to undertake a research of this kind. Dr. Sharp, of Rugby, has stated that he thinks "that different doses of the same

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* * We cannot undertake to return rejected manuscripts.

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and in this case was possibly due rather to the broncho-pneumonia than to the pleurisy.

The quantity of fluid was never considerable; its increase with the advent of a fresh patch of inflammation of lung in a different situation is worthy of note.

In Cases II. and III. the tenderness on percussion, often noticed, was present. The extreme general sensitiveness to touch is a less frequent accompaniment of pleurisy and empyema. The fact that the patient had suffered from rickets must be borne in mind. When that disease was in an active condition similar tenderness had existed for a length of time, but then was less severe than during the recent attack.

Ægophony is a useful sign when present, it is more often absent than present in children and always disappears when the lung is compressed. It is best heard between the spine and angle of the scapula.

The diagnosis in a well-marked case of pleural effusion in an adult, or a child over 6 or 8 years, presents almost no difficulty. A little experience soon reveals that all cases are by no means so simple, especially in young children. On no one sign can we ever base a diagnosis. In the first place the information afforded by the voice sounds is often altogether absent, or a cry must be utilised instead of the vocalisation of an older child. Moreover when the fluid is inconsiderable in quantity—and indeed sometimes when it is considerable—the breath sounds are not abolished over the dull area, but instead bronchial breathing may be present. The assumed reason for this is the compression of the lung by the fluid. This is, no doubt, sometimes a correct explanation of what is certainly a fact. But in some cases it occurs when the compression is very slight. In the case of Sydney W. (No. III.) it may be suggested that pneumonia fully accounted for the bronchial breathing. But the pneumonia was certainly not lobar, while the dulness and bronchial breathing extended over an area as large as one entire lobe at least. Furthermore, a few days later in the case, increase of fluid and increase of bronchial breathing occurred at the time of development of a fresh patch of broncho-pneumonia. For these reasons I believe that the fluid, by pressure or otherwise, caused the bronchial breathing. It may be laid down that bronchial breathing in young children may be

caused either by the presence of fluid in the pleura (even in small quantity) or by pneumonia of either variety. Fluid and pneumonia may exist together, as in the foregoing case, and in the absence of other pathognomonic signs we shall probably remain uncertain; for a time at least, of the precise nature of the case, or, as in the following case, fluid may develop during or towards the end of the pneumonic process, the bronchial breathing either disappearing for a time to be noticed again as effusion takes place, or persisting throughout. The presence of bronchial breathing then may introduce an element of doubt in an acute febrile attack. But in cases where the pyrexia is subsiding or has been absent throughout it is in young children a valuable sign of the presence of fluid. In older children it is often absent, as in my second case (see chart, page 23).

CASE IV.

On April 16th of last year I was sent for to see Willie E., æt 5, residing some distance in the country. He had whooping cough, and for a few days had seemed worse. He was usually a very patient obedient boy, but for two or three days had been either semi-comatose or wildly excitable, screaming, striking, dreading the light, and resenting any interference. He sometimes complained of his head. He whooped about every hour. Phlegm difficult and stringy. When first seen his temperature was (I write from memory) between 108° and 104° , and his respirations very rapid 60-70. He complained of no pain.

In the right lung were a few areas of bronchial breathing and sharp crepitations, little or no dulness being detectable. At the left base were bronchial breathing, sharp crepitation and well marked dulness. No bulging of ribs, or tenderness on percussion. The boy was weak, thin, rested badly at night and took little food for the first week; he had a small rapid pulse. After this things improved. In the morning of April 24th the temperature was normal, pulse 116, respiration 58; at night temperature 101.8° . By the 26th the respirations were as low as 46, and the temperature was not over 99.6° .

The physical signs, however, did not clear up, although they were not very definite. Dulness and *bronchial breathing persisted, but the sounds were distant*, together with moist râles. Now that he was more amiable vocal fremitus could be more utilised; it was found to be diminished.

Breath sounds were harsh on the right side, and feeble on the left for some way above the dulness. *The striking*

feature was the marked bronchial breathing. I concluded fluid was present. Hoping it might absorb I waited. The temperature, however, continued slightly raised in the afternoon, and one or two days at the end of the first week in May was about 102° once more. This caused me to fear the presence of pus in the pleural cavity, and I inserted a hypodermic needle. Only blood-stained serum was removed. I consequently sent the patient to the sea, and he there perfectly recovered, and has been in better health than ever before. When I next had an opportunity of examining the chest no trace remained of the former lesion.

In some instances, then, the diagnosis by physical signs is not at first possible. The history of the sudden onset, perhaps with a rigor or often in children with convulsions, will favour croupous pneumonia; if characteristic ringing metallic crepitation be present the case becomes clear. The absence of any well-defined physical signs for the first 24-48 hours also will favour inflammation of the lung.

The *disturbance or preservation of the pulse-respiration ratio* will also in some cases be a guide. Unless some complication exist, even an acute pleurisy will not cause so considerable a disturbance of the ratio as occurs when the lung is affected. In Case II. the normal ratio was fairly well preserved; in Cases III and IV. the bronchitis and broncho-pneumonia at once sent up the breathing rate, and in both these cases the diagnosis was not immediately possible. When a very large accumulation of fluid takes place the ratio becomes disturbed, but under these circumstances the breath sounds commonly become proportionately diminished and finally lost, thus removing all difficulty. I have said *commonly* become diminished and lost. But it is a disconcerting fact that the breath sounds may persist in a, to me, unaccountable way with fluid, either pus or serum, in the pleural cavity. I well remember the case of a girl in the surgical wards of the London Hospital during my dressership. The case was one of spinal caries and psoas abscess. I used from time to time to auscultate the chest and heard breath sounds all over. Great was my surprise and chagrin to find on the post mortem table that a largish collection of pus occupied the pleura of the same side as the psoas abscess.

Quite recently I learned, as I had not understood before, how great a difficulty in diagnosis may present itself in a case of thickened pleura. A young girl of from 12 to

14 years of age came under my care at the Kentish Town Medical Mission, complaining of pain in the left side, worse on deep breathing. She had had influenza in the spring and was in hospital for several weeks. (I ascertained that nothing had then been discovered in the chest.) On examination the left side was found to move imperfectly, the back of the chest, except quite close to the spine, was absolutely dull from below the sixth rib, the sense of resistance or percussion was great, and the dulness extended forwards as far as a line with the anterior fold of the axilla, gradually shading off. The upper part of the chest was clear. Tactile vocal fremitus was entirely absent and breath sounds almost abolished. The diagnosis seemed clear in spite of the absence of much pyrexia. (T. 99.6°.) The temperature soon became normal. My friends, Dr. Day and Dr. Cook, concurring in the diagnosis, a fine aspirating needle was introduced; the patient was restless and complained, and no fluid was obtained. Still feeling sure of the presence of fluid a second puncture, with a larger needle was made under an anæsthetic. But the result was again *nil*. A thickened pleura with a sodden and damaged lung, possibly together with the caseating remains of a localised empyema apparently accounted for these signs.

Hitherto the diagnosis of fluid or no fluid has been under consideration. In Case II. the question of the nature of the fluid presented itself. This case, I believe, illustrates what is now and then observed *post mortem*—a fluid rich in corpuscular elements—perhaps undergoing the transition from serum to pus by the addition of pus cells and the abstraction of a certain amount of water. Can we determine the nature of the fluid by physical signs? As long ago as 1875 Baccelli, of Rome, pointed out that a whisper may be transmitted through a layer of serous fluid of uniform consistence and appreciated by the ear applied to the chest. In the degree in which the fluid becomes fibrinous or puriform, so does the whisper become less and less distinctly heard. With pus or blood it is inaudible. At the recent (1890) International Congress in Berlin, Professor Rummo, of Naples, read a paper worthy of perusal, elaborating and precisionising our knowledge on this subject. *

*. Verhandlungen des x Internat. Med. Congress, Berlin, 1891. Bd. ii. 5te. Abth.

Bacelli's sign was feebly present in Case No. II. This fact together with the persistence of the pyrexia for nearly three weeks, the profuse perspirations, the long duration of the physical signs and the slow return of strength justify the diagnosis of sero-purulent effusion.

When hectic symptoms exist together with the signs of fluid, no doubt can be entertained of its nature.

With effusion into the pleura a patient generally prefers to lie on the affected side. This was strikingly exemplified in case No. I, and was conspicuously absent in case II. Here the difference in age and the difference in the amount of fluid present probably explains the contrast.

Duration and Prognosis.—The duration of these cases is quite indefinite, and varies with the quantity and nature of the fluid, and also with the treatment adopted. If in a case of acute pleurisy the pyrexia lasts over eight or ten days, without diminution of the fluid and especially if perspiration on going to sleep occurs, no delay should be allowed in ascertaining the nature of the pleural contents. In the case of Gertie H., the empyema had probably existed for four months. The length of time which elapses before the lung returns to its proper condition, as indicated by physical signs, varies from a month, or even less, to several years. In one of Henoch's cases re-absorption took place "after two weeks;" in another after 35 days "everything normal." Even with primary empyema, induced by influenza, cases have recently been reported as completely recovered in four or five weeks. Effusions of pus associated with pneumonia, not infrequently tend to recovery either spontaneously or after one tapping.

In the case of Ernest F., æt 5, who was under my care in February, 1887, physical signs indicated the damage done by the pleurisy until February, 1889, the last time I examined his chest. He had at this time a recurrence of pain and tenderness in the side of the old attack (right base) with loose cough, but without pyrexia.

Patients who have suffered with pleurisy in early life often complain of pain at the seat of the old attack, sometimes recurring apparently without cause or from some slight cold. I have recently seen two cases of the kind, one a young man, æt 17, who had pleurisy eight years ago, and every winter gets pain in his side.

When I examined the chest I found no trace of the old lesion and no pain on deep breathing.

Medicinal Treatment. (A.) The established use of *bryonia* for serous effusion, supplemented if necessary by *sulphur*, requires no confirmation here. For sero-purulent fluid *hepar s.* in low trituration comes to the front and may require supplementing by *arsenic* if there be much prostration. These are well-tried remedies and will seldom disappoint.

Farrington states (*Clinical Mat. Med.*, Philadelphia, 1890, p. 98) that *apis* is one of our best remedies for bringing about the absorption of the fluid. Besides the usual dyspnoea, dry cough, &c., he mentions a feeling of anguish of mind that the patient cannot understand how it would be possible for him to get another breath. The same author (p. 443) recommends *ran. bulb* for effusion with pain and anxiety. *Kali iod.* has been much used in Germany* in the 2nd and 4th dilutions.

A case in which *canth.* acted very rapidly occurred at the Hospital of St. James, Paris†, and this medicine was a favourite there.

A very good result followed the use of *ars. iod.* by Dr. MacKechnie‡. The left chest was full of fluid to the third interspace, and in a week from the beginning of the remedy (solution gr. $\frac{1}{100}$ every two hours) the fluid had nearly gone, and breath sounds were audible, and the heart, which was much displaced, had returned to its normal situation.

In empyema, the only circumstances under which drugs can be expected to afford much help are (1) after evacuation, to prevent re-accumulation; here *silicea*, *ars. iod.* and *iodine* should be borne in mind. The first two gave no results, however, in my case, No. 1; (2) where a recent small empyema exists, together with pneumonia. Here *phosphorus*, *sulphur*, and *hepar sulp.*, or *calc. sulphat.* may be helpful. I cannot speak from personal observation of their value.

No drugs appear to bring about absorption in an old empyema.

(B.) *Local and Operative.*—If the fluid is lessening no local measures need be taken. Antiseptic aspiration is

* *Brit. Jnl. Hom.*, Oct., 1882.

† *Ibid.*, Oct., 1872.

‡ *Monthly Hom. Rev.*, 1885, p. 35.

so entirely devoid of risk, that where there is any doubt of the nature of the fluid, or any delay in its absorption, I would strongly urge its adoption early. "If in children," writes Goodhart* "you wait to tap until you can find a spot where dulness and absence of respiratory murmur meet, you may often wait until nature or a better informed practitioner 'wipes your eye.'" In Case II. I have not ceased to regret that the fluid was not evacuated at the end of the second week. It is true that the medicines appeared to act advantageously, but I feel sure that they would have had less to do, and consequently would have produced a better result had the fluid been removed. The danger of leaving things to nature, that the lung is long delayed in expansion, is doubly great in children, for in them both re-expansion and growth are liable to be interfered with. Furthermore it should be borne in mind that the caseating remains of an empyema may become a focus of tuberculous infection.

Case I. shows forcibly how much time may be lost and risk run both by the initial delay and by the partial measures used. In this particular case, however, the little patient was so frail that I hesitated to subject her to a procedure more formidable than incision into the pleura. A good wide orifice was made, all possible fluid removed, and a tube, first of silver and then one of rubber, of wide calibre, and with a rigid vulcanite piece between the ribs, was inserted. The removal of a small piece of one rib would have done no more good than the above. The whole difficulty lay in the fact of the lung being hampered by adhesions, etc., and incapable of expansion. Free removal of portions of several ribs to allow collapse of the thoracic wall would have been required. An operation of such severity I could not consent to in this case. If the case be seen early such a procedure will seldom be necessary. After a single aspiration—the exploratory one—free incision with or without excision of $\frac{1}{2}$ in. of rib should be resorted to when a re-accumulation of pus has been demonstrated. In serous or sero-purulent effusions a repetition of aspiration is justifiable and proper. The first tapping should be done slowly, and if much coughing or dyspnoea occur

* *Brit. Med. Jnl.*, Jan., 1887, p. 1203.

it should be stopped. Absorption after a partial evacuation often occurs. Washing out of the cavity with warm water and weak carbolic (1 in 80) did good, but chiefly, perhaps, by inducing deep breathing (and sometimes crying), which expelled the pus. Most of the speakers at the German Medical Congress (May, 1890)* condemned routine washing out and advocated free and early operative measures. As after treatment to encourage and ensure full expansion of the lung, deep breathing should be diligently practised—not less than 100 forcible breaths being taken *per diem*. Open air exercise and hill climbing, as soon as the patient is strong enough, are important means to the same end. For this last purpose the hilly town of Ventnor is admirably suited.

TWO RARE FORMS OF ABDOMINAL LESION REQUIRING LAPAROTOMY: RECOVERY IN EACH CASE.

I.—LARGE FIBROMA OVARII OF THE LEFT SIDE. By
D. DYCE BROWN, M.A., M.D., and G. H. BURFORD, M.B.

History and Condition prior to Operation. By Dr. DYCE
BROWN.

Miss —, æt 36, has never been strong, but was in good health till the spring of 1891, when she had a severe attack of influenza, complicated with pneumonia. From this she recovered well, and went to the sea-side for change. There she had a relapse, and was laid up for ten days. From this time she says she never felt quite as strong as before, though there was nothing otherwise wrong. I did not see her till the second week in December, 1891, when she complained of having found some swelling in the abdomen. She had no pain, and no discomfort whatever. She ate and slept well, no difficulty in defæcation or micturition, and she was going about as usual. The swelling she only discovered by accident. On examining the abdomen, I found the whole of the right half of it, up to nearly the level of the umbilicus, filled with a hard solid nodular tumour, which,

* *Lancet*, vol. i., 1890, p. 983.

just above the pubes, extended a little way to the left of the mesial line. No swelling in left ovarian region. The tumour was movable to a certain extent, was not tender, and gave no evidence of fluid.

On examination, *per vaginam*, the uterus was pushed down to the front, but itself was normal, and with no adhesions. The catamenia were fairly regular, lasted four or five days, hardly more than normal in quantity, but of late attended with pain during most of the time. No leucorrhœa, except half way between the periods, when for two days there was slight white discharge. The urine was healthy.

I diagnosed a solid ovarian tumour, and advised operation. Dr. Burford saw her with me in consultation on the 18th of December, soon after the period, and agreed with me in this diagnosis, and in the desirability of operation. I may mention that during the influenza attack Miss — had some diarrhœa with rectal irritation and some abdominal griping pain. I several times then examined the abdomen by the hand, but there was nothing abnormal whatever. The tumour must therefore have commenced to grow subsequently to this time, an unusually rapid growth for a solid tumour. I think it is quite probable that the influenza may have been the exciting cause. It was arranged that the operation should be performed on the 31st of December, 1891.

Laparotomy. By DR. BURFORD.

On December 31st, 1891, I performed abdominal section on this lady, making the usual median parietal incision. The vascularity of the incised parts was considerable, so much as to require special attention; and on the peritoneum veins of unusual size and turgidity were observed. The serous cavity being opened, the upper margin of a rounded solid tumour was exposed to view. It looked exactly like an enlarged uterus, but prior diagnosis had settled this organ as displaced forward and downward by the tumour.

I introduced my hand into the abdominal cavity, and made out the outlines of a large mass quite independent of the uterus. The bulk of the mass lay behind and to the *right side* of the pelvis; and after some manipulation the tumour, free from adhesion was delivered through

the parietal opening. It was at once seen to be fibroid in character; and the relations of the pedicle showed it to have originated in the *left* broad ligament. Beginning to grow from the left side, it had increased mainly in a horizontal direction, growing behind the uterus, thrusting this organ downward and forward, and developing into a large mass in the *right* fossa iliaca.

I provisionally ligatured with a rubber ligature, cut away the bulk of the tumour, and carefully examined the pedicle. It was a bulky muscular structure, and was evidently not amenable to intra-peritoneal treatment. I decided to treat it extra-peritoneally, just as in a hysterectomy. The ligature was examined and found to be tight, a single pin passed through the stump, the abdominal cavity flushed with plain warm water, and a Keith's drainage tube inserted, packed with iodoform gauze. Silkworm-gut sutures were now tied, and the operation, lasting an hour and a half, completed.

I have seldom seen a convalescence so devoid of symptoms. *Arnica* was administered during the first twelve hours, and after that, *bell.* and *merc. cor.* alternately for five days. On the ninth day the pin was removed, and the bowels evacuated by enemata. *Nux* and *sulphur* were now administered, and a voluntary evacuation occurred on the twelfth day. The onward progress of the case has been similarly uneventful.

CASE II.—LARGE STRANGULATED CYST OF THE LEFT OVARY, REMOVED BY LAPAROTOMY. BY F. NEILD, M.D., AND G. H. BURFORD, M.B.

I.—*History and Condition prior to Operation.* By DR. NEILD, Tunbridge Wells.

Mrs. X——, aged 34 years was first seen by me on the 1st of February, 1891. The history then was, that eighteen months before, she was delivered of her first-born in Edinburgh, and from that time she had not had good health.

For some months past the periods had been two or three days too soon, but otherwise natural, until the last, which had occurred within two weeks of my visit, and had been profuse and prolonged.

Pain was complained of in the left iliac region, and this had been felt off and on for some time past.

The patient appeared somewhat worn and sallow looking, and her pulse was small, unequal, and rather quick—80 to 90.

Temperature (5 p.m., axilla) 99°.

On palpation, tenderness was complained of in the left iliac region, and a somewhat irregular swelling was detected there, the impression being that a swollen fallopian tube was present.

I prescribed *merc. cor.* 3x and *apis mel.* 3x, and enjoined rest in the recumbent position. As the patient lived in the country I did not see her again until the 27th of the same month, when there was a very marked improvement, the pain and tenderness having almost gone, and the general health much improved. On this occasion I failed to detect the swelling. I saw Mrs. X. for the third time on the 25th of June, when she believed herself to be five months pregnant. In the light of our present knowledge it is interesting to note that judging from the height of the womb in the abdomen, I came to the conclusion (erroneously as it turned out) that the pregnancy ought to be a month antedated. I again failed to make out a tumour apart from the womb, and the patient's general condition was very fair, though she again complained of occasional pain in the left iliac region.

On the 25th of November the confinement took place. There was nothing unusual about it except that it was more tedious than was to be expected from the history of the first labour. I watched very carefully for any abdominal symptoms that might eventuate. The puerperium, however, proceeded smoothly, except that after-pains were somewhat severe, the pain being mostly referred to the old seat of pain, and pain being always complained of if the patient turned on the left side. At the end of the third week she was allowed to put her feet to the ground for the first time, and almost immediately very severe pain was felt in the side, for which the nurse applied hot fomentations, and I prescribed *merc. corr.* 3x and *belladonna* pessaries ($\frac{1}{2}$ gr. of the extract), and in two or three hours the acuteness was over, and next day the patient was about herself again, neither pulse nor temperature having been materially raised. Two or three days afterwards, however, it was noticed that the abdomen was distended and the coils of intestine evidently enlarged. On Christmas eve Mrs. X. was remark-

ably well, and was some hours in the sitting room, and sat up to lunch, but without putting her feet down. The next morning she was very well, but at 9 o'clock, in lifting her baby, she turned to the *right* side with a kind of twist, and fifteen minutes later violent pain set in. This time the *merc. corr.* and *belladonna* failed to give relief and resort was made to *morphia*, of which $\frac{1}{8}$ of a grain was given hypodermically. Nausea and vomiting occurred before the *morphia* was given, but persisted occasionally until the next day; there was also a moderate rise of temperature and pulse. In a few hours tenderness and abdominal distension became marked, and the symptoms not subsiding, Dr. Burford saw the patient with me on the 27th with a view to relief by operation. As, however, the *tout ensemble* of symptoms was not severe, and no single symptom was urgent, it was decided to wait for a few days before proceeding to operation. The treatment carefully and assiduously carried out, comprised constant hot fomentations of *spongio-piline*, latterly with *belladonna* liniment sprinkled over it, the *belladonna* pessaries and *merc. corr.* 8x and *belladonna* 1x internally, and on three or four occasions *morphia* hypodermically. For food, one drachm suppositories of peptonised beef every four hours, otherwise Valentine's meat juice and Brand's essence by the mouth, also tea and coffee with very little milk were allowed from time to time. For three or four days after the 27th, the patient's condition improved rather than otherwise, but on January 2nd, as there had been no evacuation since the 24th ult., an enema was given, which produced no effect, but was followed by so considerable an increase in all the symptoms, and by so marked a tendency to collapse, that on his second visit on the 8rd Dr. Burford and myself decided for immediate exploratory operation.

Laparotomy. By DR. BURFORD.

Exploratory section being urgently called for, the patient was removed to a private nursing establishment, her own residence not quite satisfying us in the matter of efficient sanitation. Sudden indisposition prevented Dr. Neild from personal attendance at the operation, but with the practised assistance of Dr. Pincott, and the careful anæsthetisation by Dr. Capper, all manipulative details proceeded smoothly and well.

A tumid abdomen, with obvious and distended convolutions of intestine, was exposed to view, and increased resistance to palpation made out in the left flank. Incision through the linea alba, and opening of the serous sac presented merely the inflated intestine already observed. But the introduction of two fingers demonstrated the existence of a large, somewhat flaccid cyst, occupying the whole available pelvic cavity, and crowding the intestines upward and forward. Further examination showed the cyst to be unusually adherent, the fingers swept round separated whole areas of recent soft lymphoid adhesions, and a little traction on the cyst, still mainly hidden by bulging intestines, caused a large part to present at the pointed opening. A puncture was made, much blackish cyst fluid discharged, and the pedicle discovered to spring from the left broad ligament, and to be twisted into a tense spiral rope.

A large clamp forceps was now applied to this, and the bulk of the cyst cut away. The pedicle was then untwisted, the sound moiety tied with interlacing ligatures of Chinese silk twist, the superfluous portions of the pedicle removed, and the remainder dropped back. Careful and repeated flushings with hot water were practised, a Keith's drainage tube packed with iodoform gauze inserted, and silkworm-gut sutures used to close the abdominal incision.

Because of the pre-existing peritonitis, we watched the convalescence with incessant care. *Arnica* was administered at first, and afterward *bell.* and *merc. corr.* in alternation. There was little vomiting, but much pain; and to secure some sleep to our previously worn-out patient, a single dose of *morphia* was administered. A good night, and marked betterment followed this; and with sundry oscillations, the condition of the patient was so satisfactory that on the fifth day the tube was removed.

For some time anterior to operation there had been a trace of albumen in the urine; and as the renal secretion still was limited, very turbid with phosphates, highly acid, and still albuminous, *arsenicum* and *nitric acid* were now given. The onward course of the patient has been all that could be desired; the alvine obstruction being brought to an end by a large spontaneous evacuation two days after operation.

ON THE TREATMENT OF INTRACTABLE CASES OF PILES, POCKETS, AND PROLAPSUS ANI BY ELECTRO-VIBRATION.

BY EDWARD BLAKE, M.D.

It goes without saying that, in the purely medicinal management of anal and of circum-anal disease, homœopathy has achieved some of her most brilliant triumphs.

Yet there are a few half successes and certain dismal failures to be set down by the absolutely honest historian—the chronicler who is too “straight” to be a perfect partisan!

This appears to hold good even in cases in which neither old-established pelvic disease, nor the presence of irremovable calculus, would furnish a kind of excuse for failure.

Such cases have, of course, occurred in my own practice; they have, too, been brought to my consulting rooms by my equally baffled professional friends. It is of such examples that have, during a protracted period, resisted stubbornly the soft pleadings of specific remedies, carefully selected and deftly applied, that I now propose to write.

It is in these cases then, that before invoking the aid of the dreaded Surgical Deity, we may make one last appeal to a more bland and gentle method; a method exceedingly simple, practically painless, yet often followed by results of a most satisfactory, not to say startling, kind.

I will now give a brief sketch of this very simple plan.

The rectum having been voided, and well washed out with plain hot water, the patient is arranged in the knee-elbow position. The body is well supported by means of pillows.

One hand of the operator is placed with the palm on the umbilicus, whilst the knuckle of the other, well smeared with some suitable salve, is applied to the anus. A very gentle vibratile movement is commenced at the verge of the rectum. The movements, which are at first very slow and gentle, steadily increase in force and frequency. The knuckle is moved obliquely upwards into each ischial fossa, and then from side to side, always maintaining an ever-increasing inward pressure.

This is done three or four times a day, for five minutes at a time, by a skilled nurse, the patient afterwards resting on the face for ten minutes.

A few days of this treatment suffice for the cure of a simple case of congested piles.

For another condition, where there is much periproctal effusion of lymph of old standing, leading to the well-known "rubber-ring sensation," it is needful, in addition to the vibration, to dilate the sphincters by means of the two thumbs, or by using Molesworth's excellent hydros-tatic dilator, with hot water.

For still more obstinate cases the positive pole of a voltaic battery may be firmly applied, in the form of a well-wetted plate, where vascular symptoms predominate, to the patient's navel; where the neural element is conspicuous, to the 10th dorsal vertebra.

The negative pole is attached to the operator's working arm, the dial-collector can be turned on first to 0.5 milliamperes, gradually raising the strength of the current to two milliamperes. The current passes through the vibrating knuckle used with inward pressure, steadily increasing with a swift shaking movement. The commutator should be employed occasionally in order to reverse the direction of current.

A five-minutes' séance is enough at a given time.

Cases of general atony, amounting to a real paralytic condition of muscular fibre, call for the use of the combined currents: i.e., Faradism united with the galvanic or continuous current.

The local applications which I have chiefly employed are for inflamed piles, *aconite*, *belladonna*; purple piles, *hamamelis*, *ichthyol*; oedematous, *apis*, *merc.*, *sulphur*; chronic piles, *verbascum*, *sulphur*; "crawling" piles, *teucrium scordium*. All topical preparations to be made without free spirit, as the presence of alcohol inflicts great suffering.

To obviate a recurrence of piles, absolute sobriety should be insisted on. Every sufferer from piles should be a total abstainer.

In women it is sometimes needful to search for, and, by appropriate treatment, to remove cervical hypertrophy, whilst in men we should always keep before the mind the possibility of stone.

It is a good plan to suggest a brief midday rest, in the prone posture, if possible.

A careful washing with soap and water after each dejection should be enjoined. It is a good plan to evert the rectal mucosa whilst washing. This manœuvre removes the acid mucus, which acts as an anal irritant.

After careful drying, the parts should be well dusted with *boric acid*, ʒii; *zinc oleate*, ʒi; *starch*, ʒi; well incorporated, and reduced to an impalpable powder.

In some cases it is wise to wash out the rectum every evening, especially if erotism be present, or if the patient be teased by thread-worms.

Should the case not have had the benefit of homœopathic treatment, we can greatly aid matters by the use of carefully selected remedies, administered internally.

Itching is met by *sulphur*; crawling by *teucrium*; pricking by *æsculus*; œdema by *apis*, *arsenicum*; circum-jacent eczema by *mercurius*; tenesmus by *podophyllin*, *aloes*; throbbing by *belladonna*; backache by *bell.*, *sulphur*, *æsculus*; bladder reflexes by *nux vomica*, *capsicum*, *pulsatilla*, and *staphisagria*.

Constipation may be combated by very hot lavements, frequently repeated, and, in order to avoid ptomaine poisoning, small in quantity.

Recurrence of piles may often be prevented by attention to the following rules:—

1. Partake of one plain dish only at a meal; plenty of fruit, vegetables, and light salads.

2. Avoid all alcoholic drinks and all condiments.

3. Shun warm, wet, and very cold seats.

4. Take regular out-door exercise, especially a short walk before breakfast.

5. Beware of over-exertion, which is just as injurious as idleness.

6. Never on any account postpone a necessary visit, which should always be paid at the same hour on Sundays as well as on week-days. It should never be hurried.

7. Never lie in bed to breakfast; doing so is a fruitful cause of constipation.

8. A tumbler of water at bedtime and on getting up is an admirable purgative. The water should be hot if the heart be feeble.

ILLUSTRATIVE EXAMPLES.

CASE I.

Prolapse of Bowel.

My first case is that of a gentleman of 69, who consulted me on the 1st of April, 1891. He had suffered during twenty years from prolapsus ani of rather severe type. The mass of everted mucosa measured 7 by 4 centimetres; it looked like a lobulated lump of raw meat. Eczema surrounded the protruded portions of rectal mucous membrane, on which could be seen two sessile polypi, possibly themselves the originators of this old gentleman's distressing anal symptoms. The polypes were at once removed by means of the electro-cautery. No stone could be detected in the bladder.

The patient also complained of pharyngo-oesophageal inco-ordination, diurnal sleepiness, cerebral anæmia and dilated right heart.

The state of the circulation placed any severe operation outside the range of advisability, because the use of even the safest anæsthetic, would certainly have been fraught with peril.

The diaphragm was considerably depressed, due doubtless to the combined influences of age, of innutrition, and of pulmonary vesicular emphysema.

The rectum ceased to fall after the tenth vibration with the combined current. This was done every fourth day. This gentleman remained free from prolapsus till he fell a victim to epidemic influenza during the month of June, when I lost sight of him.

This case is notable: First, because of its exceedingly hopeless character; secondly, because many of the operations for the relief of prolapse, have proved more advantageous to the operator than to the patient.

CASE II.

Acutely Inflamed Piles.

Miss —, aged 28, suffers from noises in the head, erythema, palpitation and steadily progressive loss of flesh. She is nervous, sensitive and excitable. She has had external piles since rheumatic fever, five years ago. They become acutely painful for a few days during every month. They look very purple and turgid.

A skilled nurse applied electro-vibration, with the continuous current, for five minutes on two occasions. This was followed by an entire disappearance of the anal sufferings.

It is interesting to note that this lady lost not alone the hæmorrhoidal troubles, but the tinnitus and the flushing as well; the heart flutterings also departed.

CASE III.

Chronically Congested Piles.

Mr. —, aged 57, came on the 4th of July, 1891. He lives in South America, and is a busy civil engineer; is a large, stout man, of full habit, with injected eyes and a purple face; he speaks in an excited way; is evidently a man of great bodily and mental energy, who has worked hard and lived freely; he is an enormous eater, and is fond of a bottle of good wine.

He is short in the neck, and of an apoplectic appearance, just the kind of man who would have been well "blooded" had he lived in the days of heroic medicine.

He has for many years been troubled with flushing, flatulence, palpitation and vertigo; he passes uric acid freely, and is rather irascible in disposition.

He tells me that he was greatly troubled with prostatic symptoms in earlier life. For some years, he has perceived the presence of a large bunch of purple piles which frequently bleed and also cause considerable tenesmus. He had six vibrations with Icthyol and the combined current, and was dismissed cured on the 21st of July.

CASE IV.

Recurrent Piles.

Mr. —, aged 48, combines the professions of member of Parliament and barrister at law. I have mislaid the notes of his case, but he has kindly furnished me with some particulars which we will give in his own words.

"I am troubled with some amount of indigestion, chronic relaxed throat and rheumatism. I have suffered from piles, with intermittent attacks of activity, during fifteen years. I came to you on September 28rd, 1891. You vibrated on two occasions with electricity. After a week all painful sensation in the part had passed away. The sac remains empty like the finger of a glove, without any apparent tendency to fill again or to grow tender, in spite of a long continental tour which I have just taken. Travelling had, before the vibration treatment, always proved to be a painful process to me.

November 27th, 1891."

These cases occurred in series, they are not in any sense "picked."

. Finally, it may be noted that local vibration, as a means of removing anal disease, has been employed by many. It is no novelty.

Notably, it has been used by Mr. Kellgren, the well-known Kinesipathist, of Eaton Square, with the most favourable results. His plan, however, differs in many respects from mine.

I can give no *rationale* of the singular success that has attended the method.

NOTES—CLINICAL AND PATHOLOGICAL.

By T. E. PURDOM, M.D.

(Continued from page 82.)

CASE IV.

Mr. B., æt. 70, had been in fairly good health till now, when he sent for me because of an attack of "Follicular Tonsillitis." This he soon recovered from, but suddenly as the throat was improving another difficulty arose. He had complete retention of urine. It now came out that he had had some trouble in urinating for 2 or 3 years, but had never spoken of it. He had often to wait long and passed only small quantities at a time, the bladder not being properly emptied. After considerable difficulty I passed a No. 8 gum elastic catheter.

Examining per rectum I found the prostate gland much enlarged and very tender. This was evidently the cause of all the trouble. The gland had been increasing for some years, and now there had been a sudden increase in its size in connection with the throat attack. Catheterism was very difficult and blood was freely mixed with the urine. After a few days Mr. Buckston Browne saw the patient with me; agreed as to his condition and tied in soft French Coudé catheter. This was fixed by soft cotton thread to hair on pubes and closed by wooden plug. The urine was now drawn off every four hours, and the bladder was washed out with boro-glyceride and water night and morning.

Mr. B. had frequent attacks of stragury during this time, relieved partly by *belladonna* suppositories, warm water enema being also used. The catheter was frequently blocked by blood clots. This was cleared by syringing through it with Thompson's wash-out bottle, and at times the catheter had to be taken out and

cleaned or changed. This treatment was kept up for two weeks when a No. 7 vulcanized indiarubber catheter was found to pass easily. This kind is pushed straight on, inch by inch, into the bladder, having been first well warmed and oiled.

This soft catheter was passed, according to need, every 3 or 4 hours, and the washing out kept up night and morning, and all went well for about two weeks. Then he had a distinct rigor and fever, dry tongue, quick pulse, general malaise ending in 36 or 48 hours in profuse perspirations with great weakness. He once more picked up, but about every two weeks for a considerable time he had just such another feverish attack; a kind of catheter fever shewing how serious a matter catheter education is and what care is needed. Mr. B. soon learned to pass the catheter himself. There was always some muco pus, and very frequently blood was passed from the prostatic portion of urethra.

For the feverish attacks, *aconite*, *verat. viride.*, *baptisia*, and *arsenicum* seemed useful. *Bellad. cantharis* and *merc. biniodatus* were a help for the bladder and prostatic pain.

This case teaches how a slight illness may suddenly develop a latent disease which would last for life. It shews the importance of careful catheterism and how such cases should be kept warm in bed for some time at the beginning of the treatment.

It illustrates the help persistent washing out of the bladder is in chronic cystitis. It is a good example of surgical fever, produced probably by shock to kidney from catheterism.

The sequel to this case is that after a year or two of comparative health, stone formed in bladder necessitating lithotrity. This was successful in some relief for a time, then another calculus was discovered which could not be grasped by the lithotrite, and seemed to be firmly imbedded in wall of bladder. As the patient suffered intense pain which went on increasing Mr. Browne advised supra-pubic lithotomy. This was performed and a large stone was found in a pouch low down in the side of the bladder. It required great effort and considerable time to get it out of the pouch. This operation proved too much for Mr. B, and he sank on the ninth day after it, the wound never attempting to close.

CASE V.

Master C, æt. 14, was brought to me with a swelling on left side of the neck. This had made its appearance after a school-fellow had gripped him by the throat in play.

I took the swelling to be glandular and persevered with *merc. bin.* 2x, hoping to disperse it. The swelling remained the same and fluctuation was present. I then gave *hep. sulph.* a trial, but with no result. As the swelling remained the same I punctured it at most dependant part, when suddenly a stream of venous blood was poured out, revealing the nature of the swelling. I at once put my finger on the opening, and then fixed a pad and bandage firmly over the cut. There was no further bleeding and the swelling was gone. I kept the boy in my consulting room for a few hours to make sure of him as he had to return by train.

The schoolfellow's grip had burst the external jugular vein, thus producing a venous tumour. I have not been able to find a similar case in any book within reach.

CASE VI.

Mr. S., æt. about 60. General health fairly good. Retired from business but leading active life. After stretching up to fix nail with hammer, he noticed that in passing water there was blood in it. This was the first suspicion of anything wrong with him. He was treated for intermittent hæmaturia by a surgeon living near him, as the bleeding came back at intervals. No trace of other disease was made out. Being asked to see him, by a careful examination at left side, with fingers behind and thumb in front and using very deep firm pressure, I could make out an ill-defined sense of resistance, more than any distinct swelling, but quite different from the other side. This pointed to some disease of left kidney, which, however, was very obscure. The hæmaturia recurred at intervals, but for weeks at a time there would be no trace of it, nor albumen, nor any abnormal deposit to guide in the diagnosis. There was considerable improvement in general state; *hamamelis*, *hydrastis*, and *liq. arsenicalis* were the most useful remedies. After a time the strength declined. Mr. S. began to emaciate rapidly. Congestion at base of lungs was found. There was at this time a dull ache

in left side and back but no acute pain. The obscure swelling could still be felt.

Dr. Y. saw the patient with me, but would not commit himself to an exact diagnosis.

After a time the patient's feet began to swell, ascites supervened and he lay helplessly waterlogged, with more distress and pain across the back. He also had attacks of neuralgic pain in both the sciatic and anterior crural nerves on both sides. There was no return of blood in the urine, and now the supposed tumour was masked by the ascitic fluid. Mr. S. gradually sank with no further symptoms to guide in the diagnosis.

Post Mortem.—The left kidney was found to be completely disorganized, being in fact a mass of encephaloid cancer. Some of this being in a semi-fluid state. The tumour filled up the whole lumbar region of the left side of the abdomen. The lack of firmness in it accounted for the difficulty in defining what we suspected to be a tumour.

This case illustrates the great absence of symptoms for a long time in a serious disease; the possibility of intervals of improvement even in malignant disease; the decided usefulness of *hydrastis*, *hamamelis*, and *arsenic*, and towards the end of the illness, the great comfort that the patient derived from *nepenthe* and *chloral hydrate*.

SOME EXPERIENCES WITH SCHÜSSLER'S TISSUE REMEDIES.

BY STANLEY WILDE, L.R.C.P., L.R.C.S., Edin.

Kali Muriaticum.

A GENTLEMAN attending a crowded meeting was compelled to stand in a draught beneath an open window, the result being an attack of *otitis externa* of the right ear with subsequent otorrhœa and deafness. The case was treated, successively, with *acon. puls.* and *merc. sol.*, which controlled the pain and inflammatory symptoms, but only partially relieved the otorrhœa, whilst the deafness remained untouched; *hydrastis* and then *sulphur* were given with still incomplete effects.

At this stage there were thickening and narrowing of the meatus, with a thin, flaky discharge therefrom. The

watch-hearing was 4 inches. I then prescribed *kali muriat.* 3x, and in the course of a few days the discharge ceased, and in a fortnight from the time the medicine was commenced, the hearing had become normal. This remedy also did good service in a case of recent catarrhal Eustachian deafness in a boy who suffered from chronic enlargement of the tonsils. *Puls.* and *merc. sol.* had previously been given without effect, but the deafness disappeared after fourteen days use of *kali mur.* The tonsils were unaffected, but treatment was given up at the restoration of the hearing.

In Drs. Boericke and Dewey's *The Twelve Tissue Remedies of Schüssler* (a well-arranged and complete volume on the subject), it states that *kali mur.* is "one of the most useful and positive of all our remedies in the hands of the aurist, chiefly suited to the second or later stages of catarrhal states."

Dr. H. C. Houghton, in his *Clinical Otology*, speaks of this medicine as "one of the most effective remedies we have ever used for chronic catarrhal inflammation of the middle ear, especially the form designated proliferous;" and Dr. H. P. Bellows gives a similar account of the drug when he says, "my own experience of *kali mur.* has been largely confined to chronic catarrhal conditions of the middle ear, and after keeping a careful record of its action in nearly two hundred of these cases, I am convinced that it is one of the most useful agents we possess in their treatment."

Ferrum Phosphoricum.

My first experience of this remedy in febrile conditions was markedly satisfactory. The case was that of a stout child, eighteen months old, with a large brain and florid cheeks, suffering from dental irritation. Previous to my visit, the mother had been giving *acon.* and *bell.* for twelve hours with no relief. The skin was hot and burning, the cheeks highly flushed, the eyes sparkling, with pupils dilated, and the child in a state of extreme restlessness and irritability.

I gave *trit. ferri phos.* 6x in water, to be given in teaspoonful doses every hour, and, on visiting the case next day, the mother assured me that the first dose had a decidedly quieting effect, the child going to sleep shortly after taking it, and the cheeks becoming much less

flushed. The medicine had been repeated two or three times during the night, and the little patient now appeared quite lively and well.

In the volume referred to, *ferr. phos.* is stated as "seeming to stand midway between the intensity of *acon.* and *bell.* and the dulness of *gelsem.*;" and that its field of action is in "febrile disturbances and inflammations at their onset, before exudation commences."

A florid complexion, with less nerve tension than that of *bell.*, is considered a key-note for its use. Also, when throbbing or pulsation is complained of in the affected part.

The following case presents *ferr. phos.* in another sphere of action, and confirms its well-known remedial power over diurnal enuresis.

Mrs. M., ætat 35, came to me in January, 1889, suffering from incontinence of urine. The trouble had existed for three years, and she could give no light on its origin. She stated that she could retain the urine at night, but not in the day time, when she passed a large quantity of water involuntarily. Her general health was otherwise fairly good. *Trit. ferri phos.* 3x was prescribed, to be taken four times a day. A week later she reported that she could now retain the urine much better during the day. The medicine was continued for three weeks longer, when she informed me that the power over the bladder was now complete, and that she was better than she had been for two years. Nine months afterwards, the patient came to me again with a return of the malady, and, although she was then *enceinte*, *ferr. phos.* again completely stopped the incontinence.

Cheltenham, November, 1891.

REVIEWS.

The Greater Diseases of the Liver, Jaundice, Gall-Stones, Enlargement, Tumour and Cancer, and their Treatment. By J. C. BURNETT, M.D. London: The Homœopathic Publishing Co., 13, Warwick Lane, E.C. 1891. pp. 186.

THE title of this book is in inverse proportion to its size. The account given of the treatment of five of the organic and functional diseases of the liver is—as may be supposed from.

the fact that the whole of the matter would scarcely fill forty pages of this periodical—slight; and is, moreover, entirely confined to that part of “treatment” which consists in administering drugs, illustrated by notes of a few cases. It is written in the author’s now well known racy and confident style, spiced with some characteristic reflections on those members of the profession who know nothing, and refuse to learn anything of homœopathy, or to see Paracelsus in the light in which he has appeared to Dr. Burnett. That this contribution to popular medical literature will prove to be attractive and hope-inspiring to those who trace all the ills of life to that much-abused organ the liver, we do not doubt; but that it will have much influence on the practice of medicine is, we fear, not very probable.

The chief medicines referred to are *chelidonium*, *carduus*, *podophyllum*, *hydrastis* and *cholesterine*—an unproved substance.

The sketch of the history of *chelidonium*, as a medicine, is interesting as far as it goes; but no reference is made to Hahnemann’s proving of it in 1825, nor to Buchmann’s much fuller investigation of its properties about 1860, neither is there any allusion to Dr. E. M. Hale’s essay, to which chiefly may be attributed the fact of it having come into more general use during the last twenty years, and become a well recognised remedy in such cases as that mentioned on page 7, and others, of which a few notes are given further on, apparently referable to congestion of the liver.

Carduus marianus—a medicine on the remedial properties of which Dr. Dudgeon contributed a very useful paper to the March number of our *Review*—is regarded by Dr. Burnett—though why it is so does not appear—as curative when the enlargement of the liver is most apparent in the transverse measurement, while *chelidonium* is said to be remedial in that which is perpendicular. It is, as Dr. Dudgeon has shown, valuable in various manifestations of disease having their origin in congestion of the liver.

The eruption on the skin over the sternum, described as the “sternal patch,” which Dr. Burnett says, “I have several times found to co-exist with heart disease and swelling of the left lobe of the liver” is, we presume, that patchy eruption called Xanthelasma or Xanthoma met with in different parts of the body, and for long years held to indicate the previous existence of disorder of the liver for a greater or less length of time.

Of *podophyllum peltatum*, Dr. Burnett writes, with perfect truth, “its use in ‘torpid liver’ is not good practice, and has done much harm.” With the tendency which exists amongst all of us to fall into routine and rapid prescribing,

the employment of *podophyllum* in this unhomœopathic way has, we fear, become with many too frequent. In torpid liver it is a mere palliative; it is in diarrhœa produced by an excessive secretion of unhealthy acrid bile that *podophyllum* is a curative remedy; such a case Dr. Burnett alludes to—"The stools were foul-smelling, hot, bilious, excoriating, and passed out of the anus in a constant dribble."

Hydrastis canadensis, given in attacks of gall-stone colic in ten-drop doses, every half hour, in very warm water, Dr. Burnett has found to succeed in a few hours, after everything else had failed. This bit of practice, for introducing which he acknowledges our indebtedness to Dr. Thomas, of Llandudno, we have found to be valuable.

Dr. Burnett hazards very confidently, and as we fear on very insufficient grounds, the opinion that *cholesterine* will cure cancer of the liver. He does so on the strength of the late Dr. Ameke, of Berlin, having stated that he had "derived much advantage" from it in cancer of the liver, and on his own belief, that he himself has twice cured this malignant disease with a trituration of the bile-product. What form of cancer was assumed to be present in these two cases Dr. Burnett does not say. Indeed, his reports of these cases are so meagre that it is impossible to examine the *data* which led to the conclusion that they were cancerous. For example: "About five years ago a gentleman of 67, or thereabouts, came under my observation for a swelling under the right ribs, that competent authorities had diagnosed as of a cancerous nature. It had come a good many months subsequent to an accident, a cab wheel having gone over the part mentioned. He had been under a good west-end homœopathic physician, who had agreed, after close examination, to the diagnosis, and declared positively to the gentleman's wife, that he had no hope of curing the case, and he thought it his duty to say so.

"The whole thing was quite cured with remedies in about a year; the most striking, palpable result being observed after the use of *cholesterine* in different dilutions, though numerous remedies were needed as well, notably *carduus marianæ* ϕ , *chelidonium majus* ϕ , *myrica cerifera* 8x, *iodium* 1, *kali bich.* 5 and *natr. mur.*, 6 trit.

"Five years have elapsed and there has been no recurrence of the tumour" (p. 115).

The other case is briefly described as a "liver case exactly like the foregoing one" (p. 117). The only symptom or indication of disease recorded is that—"For years this gentleman, a county man, had felt the jolting in a carriage, at first uncomfortable, and latterly so painful that he had got into the habit of holding his hand against the swelled part to support it, and

prevent its feeling the effects of the shaking." The treatment pursued in this case was much the same, and an equally satisfactory result ensued in about a year.

Now that these two patients suffered from serious disease of the liver, we do not doubt; that they both recovered is certain; and that the *cholesterine*, together with the instructions as to diet, mode of life, &c., which were doubtless given by Dr. Burnett, brought about this favourable result may be true enough. But were they instances of malignant disease of the liver? "Competent authorities" occasionally make errors in diagnosis, as Mr. Cadge, of Norwich, recently showed in an entertaining and instructive paper read by him at a meeting of a Norwich medical society, and even good west-end homœopathic physicians are not infallible. Such being the case, we hesitate to regard the restoration to health of these patients as evidence that *cholesterine* will cure cancer of the liver. We heartily wish that we could do so. What, we should like to know, are the indications of disease in the liver which we may consider to call for *cholesterine*? There is, so far as we know, no proving of this substance by which we may be guided. We once saw in an American paper that "the speciality" of a certain physician was "obscure-diseases." Possibly the speciality of *cholesterine* may be obscure disease of the liver.

What we can learn from Dr. Burnett's cases is, that in disease of the liver, where there is enlargement of some kind or other, and where every rational remedy has been tried in vain, it is possible that help may be derived from so, *à priori*, unlikely a source as *cholesterine*.

"I have long maintained," writes Dr. Burnett, "that organopathy is elementary homœopathy—that in the very nature of things homœopathy necessarily includes organopathy." Of course it does. But the mere fact that a drug has an elective affinity for a certain organ, for the liver, *e.g.*: that it is, as Dr. Burnett, following Rademacher, terms it, an hepatic, supplies only one step towards the selection of the "organ remedy" that is homœopathic to the particular case of liver-disease to be prescribed for. This we have no doubt that Dr. Burnett recognises as fully as we do, though this view is not apparent, and that in pressing on our attention the importance of "organ remedies," he intends only to urge the great importance, especially in complicated cases, of a right interpretation of symptoms, of drawing a distinction between morbid conditions, which are primary, and such as are reflex or secondary. It is, in fact, to enable us to do this that, in investigating a case, we direct attention to the patient's medical history. Cases illustrating the practical need of such

enquiries are given, one where asthma was secondary to some hepatic affection, and another where the principal objective feature of the general state of ill-health being gall-stones, the real disease seemed to have originated in an ulcerated os uteri, which had been healed by cauterising.

Hahnemann's basis of drug selection—the totality of the symptoms—includes both, such as are primary and those which are reflex. On the other hand, to give *chelidonium* in liver disease simply because it is an "hepatic," is just as much to be deprecated as is prescribing *podophyllum* because the liver is "torpid."

A Treatise on Practical Anatomy, for Students of Anatomy and Surgery. By HENRY C. BOENNING, M.D. Lecturer on Anatomy and Surgery in the Philadelphia School of Anatomy. London and Philadelphia. F. A. Davis. 1891.

IN undertaking to write a treatise which shall be of use to students of anatomy and surgery alike, we should think that the author's chief aim should be to endeavour to place the matter before his readers in such a way as shall not only enable them to acquire sufficient knowledge of the subject to meet the requirements of examining bodies, but also ensure their assimilating and bearing in mind those points which will be of help to them in the diagnosis and treatment of the various diseases which, in after life, they may be called upon to deal with.

We hold that the possession of these two qualities is absolutely essential to the thoroughness of a book which has for its object the teaching of anatomy; and their presence or absence is sufficient ground upon which to base a just estimate of its value.

In these days when we have such a plethora of literature of all forms, much of which, fortunately, is good and serviceable, there is scarcely any justification for bringing forward a book, whatever may be its aim, which does not either add to our present knowledge, or give a full and correct statement of the facts which are already known of the subject of which it treats.

We fail to see that the volume before us attains either of these two objects. Anatomy has probably gained nothing by its publication, and students can probably gain but little by its perusal. For instance, anyone would deem a student culpably ignorant did he know no more of the sterno-mastoid muscle than its origin, insertion, and nerve supply, and could give no information as to its action or the relationship it bears to the most important structures around and beneath

it. And, again, we should imagine that his dissections had not been prosecuted with sufficient diligence were he only able to say of the popliteal artery that it "is the continuation of the femoral, and begins in the opening in the adductor magnus muscle. It lies deep in the popliteal space and sends off"—such and such branches, each one of which—"winds around the femur, supplies muscles, and forms free anastomoses."

The preface tells us that "the book is not a compilation; it is the result of years of practical work and a large experience in teaching." We can only say that we are sorry the author's large experience has taught him that it is sufficient to dismiss the description of the external carotid artery with the following few words:—"The external carotid artery passes up the neck, giving off large branches which supply the neck, face, and head with blood. It sends off eight branches, they are—" etc. No doubt the students for whom it is written heartily wish that the experience of "College" examiners had led them to think that a more detailed knowledge of the situation and relations of this important artery was quite superfluous. An abundant supply of illustrations is not in itself a guarantee of the usefulness of a book. The letterpress should contain a sufficient fund of teaching and information to make the illustrations valuable. In this case there are some 198 woodcuts, many of which we recognise as old friends from "Gray" and other well-known works, but we miss any acknowledgment of their source by the author, though this is probably unintentional, as the preface informs us "the illustrations have been carefully selected and their sources credited."

It is to be sincerely hoped that even the ordinary student will strive after a higher standard of anatomical knowledge than is set forth by the volume before us.

CLINICAL CASES.

BY WM. LAMB, M.B., C.M.

1. T. Mc. J., æt. 22, had been suffering from fits at long intervals, when he was seized one day with a violent one in the street and taken to the Dunedin Hospital, where he was under one of the best allopathic physicians. For a week he was in the "status epilepticus," but gradually improved under the use of *Nitrite of Amyl*, &c., until he had but two or three attacks per diem. He was then removed home, his father being told by the attending physician that there was

no hope of his recovery, and that he would, in all probability, have to go to the asylum. At this juncture I was called in to attend him. I gave the following approved anti-epileptic remedies :—*Cupr. acet.*, *cicut. vir.* and *ananth. croc.*, but with no good result. I then asked the father if there was nothing peculiar about his son in these attacks, that would give me an indication for a remedy. He said, 'I notice that just before a fit is coming on he gets scarlet in the face.' Of course I at once gave *Bellad.* \mathfrak{m} ij. 3 hs. That was on the 80th April, 1891. Five months have now elapsed, and I am happy to say that with the exception of one slight fit a few hours after beginning the medicine, he has had no recurrence of his trouble. He is now, I hear, a zealous drummer in the Salvation Army here.

2. Mrs. G. D. was confined by me on 20th December, 1890, of her fifth child. At the conclusion of the event she said, "Doctor, what shall I do about the after pains; you remember last time I did not sleep for a whole week on account of them?" That was in my allopathic days, when I had just enough light to see that sedative doses of *opium* did more harm than good, but not enough to do better than advise my patient to bear with them, as it was far better to let them wear away. My reply was, I think homœopathy can relieve you this time. I gave *Arnica* 1x \mathfrak{m} ij. 2 hs. Next day, on visiting my patient, she said, "I have had no after pains worth speaking about, and I have slept well." I may add, that practically I find *Arnica* 1x \mathfrak{m} ij. 2 hs. by far the best medicine in after-pains. In every case in which I have given it, I have been satisfied with its action; whereas *Gelsem.* and *Cauloph.* have only disappointed me, where the cases were anything like downright bad ones.

3. J. D., æt 4, had suffered for a considerable time from prolapsus ani associated with diarrhoea. In this case I gave remedy after remedy with poor success. The approved remedies which Drs. Hughes, Hale, Clarke, &c., recommend, viz., *podoph.*, *aloes*, *ign.*, *ferr. phos.*, *ferr. iod.*, *ruta*, one after the other signally failed, and had my little patient's parents not had a favourable previous experience of my medical attendance, I am afraid another practitioner would have been called in. I then cudgelled my brain to find out the remedy. I reasoned thus, prolapsus ani is a weakened condition of muscular tissue; now what drug acts specifically upon muscle? I bethought me of *arnica*, and straightway, rapidly and permanently the prolapsus was cured, which is attested by over a year's immunity.

4. Mrs. C. A. was confined by me on 25th August, of her twelfth child. Her labor started in a usual way, and pro-

gressed until after I had ruptured the membranes, the head presenting normally. After this, abortive pains came on, or none at all. I gave according to Dr. Leadham's advice *puls.* 30-12, "pains feeble, irregular," no good; next *secale* 30, "pains feeble, from exhaustion," no effect. Then I gave *bellad.* 12, and in a few minutes with one "grinder" the baby was born. I had tried to rouse uterine action in various ways; my efforts seemed simply to be mocked. Now came my anxiety as I nearly lost my patient in her last confinement by post-partum hemorrhage, requiring to use the hot-water douche, and at times introducing my hand into the uterine cavity to stimulate contraction by internal manipulation. I gave *trillium pend.* ϕ η ij, and afterwards *arnica* 1x, and I am happy to say there was no hemorrhage and no after pains.

5. Is there any confirmatory experience *re* Treatment of Snake-bites, according to *M.H.R.*, vol. 1870, p. 441? Would Indian practitioners reply.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth ordinary meeting of the Society, Thursday, January 7, 1892, Mr. KNOX SHAW, President, in the chair.

Dr. BURFORD showed several specimens.

Dr. MADDEN, who was to have read the paper of the evening, did not appear, and sent no copy of his paper. It was therefore decided to hold a discussion on influenza.

DISCUSSION ON INFLUENZA.

Dr. HUGHES said that his experience of three epidemics had convinced him that influenza was a specific primary fever, catarrhal localisations being secondary and incidental only. For this fever he found *aconite*, *belladonna*, or *gelsemium*—according to their respective indications—amply sufficient as remedies. They must not, however, be expected to act here as they would with an ordinary feverish cold; but give them time and scope, and within three days—if there be no chest complications—the patient will be feverless, and will convalesce speedily. This he had seen over and over again, and he deprecated any introduction of the old-school antipyretics into our safe and simple treatment. He had only lost four cases since the commencement, all over 60; and these had serious chest complications. When the pains in back and limbs were severe, he could not speak too highly of the good effect of *eupatorium perfoliatum*, given alternately with the remedy for the fever.

Dr. GALLEY BLACKLEY had seen one or two novel features. In two cases there was a strongly-marked rash much like measles. The skin was very irritable whilst the rash was passing off. In some of his cases he had noticed fæces very copious, pappy, and quite black, like charcoal. The extremely sudden character of the onset was very noticeable in this attack. He had seen many persons alike.

Dr. DUDGEON during the present epidemic had seen a good many cases of pure febrile influenza. But in one house where several cases of the febrile form occurred among children, one servant girl had a violent and sudden attack of extreme prostration, excessive pains in head, back and legs, which lasted three days, but was unaccompanied by any rise of temperature or quickened pulse. His neighbour Dr. Routh told him that in his own family two cases occurred which showed the extreme weakness and characteristic pains of influenza, but no febrile symptoms whatever. So that if we were to regard influenza as a fever, these cases showed that this fever sometimes manifested itself without febrile symptoms.

Dr. CARFRAE asked if any observations had been made as to the action of *iodide of arsenic*.

Dr. MOIR had tried *iodide of arsenic* and it was only indicated in catarrhal cases. He had heard of *antipyrin* doing very well in some cases. *Gels.* and *verat. v.* were very useful. He could tell by the quick, soft pulse when a patient was going to have it. Dr. Moir had seen black stools—greyish black—for months after. The sputum was very fluid and full of air bubbles in the former attack; in the present was in hard lumps. He thought the faintness and sickening feeling at stomach was the beginning.

Dr. DUDLEY WRIGHT mentions two fatal cases seen, but not treated by him. In the hospital two years ago, there was some mucous expectoration, which was easily got rid of; in others it was more solid and difficult. *Gels.* had done better than anything else.

Dr. GOLDSBROUGH had had an opportunity of observing the disease on himself and in his own family. He thought that, on the whole, the cases he had had this year were less severe than in the former epidemic. Warmth and food were the best restoratives during convalescence. He ate six or seven meals a day and felt better after each one.

Dr. COOKE agreed with Dr. Goldsbrough, that if the patient is taken at the beginning *aconite* is useful, but not otherwise.

Dr. GALLEY BLACKLEY said in his experience the feverless patients were the longest convalescent.

Dr. HUGHES said that in those cases where the nerve symptoms predominated Hahnemann's recommendation of *camphor* should be borne in mind.

Dr. COOKE said a solution in water decomposes at once : a solution in spirit keeps.

PERISCOPE.

MATERIA MEDICA.

WATER.—Under the title of "Elimination and its Uses in Preventing and Curing Disease," Dr. Lauder Brunton, in the Cavendish Lecture for last year, pointed out, in a striking and effective manner, the *rationality* of water-drinking as a remedial measure. To appreciate it the entire lecture, or at any rate the first half of it should be read; here we can barely give more than its author's conclusions. Having directed attention to the importance of eliminating into the blood the waste products from the cells which compose our tissues, and also those formed within the body by disease germs, and their excretion from the body, Dr. Brunton shows that, in the normal products of tissue change, the most important parts of a cell are its nitrogenous components or proteids; while the chief products of nitrogenous waste are urea and uric acid, the proportion of acid to that of urea being about 1 to 33. The tendency to the formation of uric acid is usually associated with a gouty or rheumatic diathesis. Uric acid, when generated, tends to accumulate in the joints and spleen. In proportion as the alkalinity of the blood becomes increased is the uric acid liberated from these stores and passed into the circulation, producing manifold discomforts, the alkaline constituents of the blood being the natural solvents of uric acid. "Thus it is," says Dr. Brunton, "that alkaline remedies, in gouty patients, are so apt to give rise at once to the complaint that they are lowering, not because they have a depressant action of their own, but because they withdraw the uric acid from its lurking place, and allow it to act upon the nervous system, thus producing depressions." Acids, on the other hand, by preventing the blood from taking up uric acid, relieve this depression, while the accumulation of this waste product in the joints and spleen, give rise to pain in the joints. "Now we find," says Dr. Brunton, "that gouty people are accustomed to trust to baths and watering places of all sorts for relief." In these springs, with a great diversity of constituents one ingredient is constant—water. People

who, at home, never drink a drop of water *pur et simple*, will at a spring drink tumbler after tumbler full of it. "Water is the most universal solvent in the world." It is not only useful to wash out our closets and flush our drains, it has a similar effect in our bodies, and tends to wash away the waste products from the cells of what our organs are composed, to clear out the uric acid, urea and phosphates through our kidneys and thus prevent renal or vesical calculi, and also to wash out our liver and prevent gall-stones, while it helps to keep the bowels in action. The liver is an organ which suffers much from want of water, and I never see a gall stone without asking the patient 'How much water do you drink?' Almost invariably the answer is 'I hardly ever touch water, I am not a thirsty person.' * * * By making such people drink a big tumbler of water, and especially hot water, every morning with or without some Carlsbad salts added to it, and if necessary, repeating the hot water once or twice more in the day, the renewed formation of gall-stones may frequently be averted, and symptoms of biliary colic, to say nothing of so-called 'biliousness,' may be prevented for many years, or perhaps entirely. * * * The process of washing out is not only useful in biliary calculus, it is of the utmost value in preventing renal gravel and calculi."

In the latter half of his lecture Dr. Brunton dwells upon the bowels as a channel of elimination, and taking as his text the time honoured maxim, "Keep your mind easy and your bowels open," preaches a sermon on the importance of a daily evacuation and the advantage of purgatives, or, to put it more mildly, of laxatives and dinner pills. For these the healthy body has no need, and if there be any hindrance to regularity in the action of the bowels, it is not an antipathic adjuvant that will cure or remove this hindrance, but a medicine which is homœopathically indicated by the whole series of symptoms characterising the hindrance. Of this, of course, Dr. Brunton knows nothing. To promote elimination of effete matter by nature's own provision for doing so is one thing, to endeavour to compel it by an artificial irritant is quite a different one. The former is health promoting; the latter, however much a source of relief at the moment, is disease-creating in the long run. The physician who understands the homœopathic method, and has the industry and patience requisite to use the *Materia Medica*, and *Repertory* never needs to fall back upon such imperfect means as Dr. Brunton suggests as useful in such cases.

BELLADONNA.—In *The British Medical Journal*, October 24th, Mr. Hall, of Littlehampton, describes the particulars of a case of poisoning in a boy, resulting from having eaten eight or

nine berries of the belladonna plant. "I found him" he writes, "highly delirious, with a temperature a little above normal, 99° F. He had intense thirst and appeared to have a choking feeling about the throat. The pupils were widely dilated and insensible to light. Skin very hot and dry. Face at one time pale, would, after a short interval, become intensely flushed. The urine was scanty and passed in bed. The bowels were unopened, even after free doses of castor oil, which, however, almost immediately brought on vomiting. Delirium had come on at 1 a.m. (twelve hours after taking the berries) and had continued almost without interruption up to the first visit I paid, 12 p.m. There were jerking movements of the arms and legs and frequent contractions of the muscles of the face. The arms occasionally moved as if plucking something from a tree, after which the hands were carried to the mouth and the act of swallowing followed." The delirium continued during the day, but on the next he was much better though the pupils were still widely dilated, and after a few days he was quite well with the exception of slight headache. The boy's father, who ate three of the berries, complained of intense dryness of the throat and inability to read on account of "all the letters running together." His pupils were dilated. Two other men who had eaten one or two berries also complained of dryness of the throat and skin afterwards.

GELSEMIUM—Dr. Watt, of Horningham, Yorkshire, mentions (*British Medical Journal*, October 24th) the case of a young girl, 20 years of age, "a frequent victim to neuralgia," who, on one occasion, took eight 20 minim doses of the tincture of gelsemium for eight consecutive hours. The result was a feeling of numbness and of general oppression as of "a weight all over her." This numbness she also described as a feeling of deadness, so that it was a conscious effort either to think or to breathe. In another case, where a similar mistake was made, Dr. Watt says the symptoms were similar, with the addition of giddiness when the patient attempted to move about. In the first case the patient was confined to bed.

MAGNES. PHOSPH. IN URINARY TROUBLES.—Two cases are reported by Dr. W. F. Thatcher as treated with success by *magnes. phos.* They had the following symptoms:—"Excessive and imperative urging to urinate when standing or walking, with constrictive pain at the neck of the bladder," along urethra to glans, painful micturition followed by temporary relief.

A third case had the urging and pain, with relief from complete rest for an hour or two.—*Hahn. Monthly*, Sept. 1891.

MEDICINAL TREATMENT OF LARYNGEAL PHTHISIS.—Dr. Jousset's indications for treatment, abridged, are as follows:—*phosphorus*—pain in larynx, on coughing, talking and in breathing worse by pressure on the larynx. Dry and frequent cough, wasting, bloody expectoration, and phthisical constitution are also indicative of this drug. *Hepar sulph.* with pains like phosphorus; there is a loose, frequent, spasmodic cough, sometimes with vomiting; scrofulous constitution and chronic coryza are confirmative conditions. *Spongia* for inflammatory complications: cough hard and dry, slight yellowish sputum; the cough is at times small and repeated and at times convulsive, more frequent at night, and is associated with pain and dryness of larynx. The voice is hoarse or aphonic, and suffocative attacks occur.

Argent. nit.—suitable when the cartilages are affected. Symptomatic indications—hoarseness, sense of excoriation in larynx on coughing and swallowing, dry spasmodic cough, with whistling and suffocation, cured by rest and horizontal position. *Drosera*—capricious cough from tickling in larynx, with vomiting or retching.

MEDICINE.

ACUTE LARYNGITIS AS A RESULT OF THE LOCAL APPLICATION OF IODIDE OF MERCURY. Dr. Kanasugi. (*Berl. Klin. Wochenschrift*, No. 36. p. 830). A man, 32 years old, had been infected with syphilis two years before and then underwent an energetic inunction cure. Four months after the tonsils were specifically affected, but *chromic acid* applied locally and *calomel* injections restored them to a normal state. For eight days the patient had had dysphagia and hoarseness caused by syphilitic laryngitis and mucous plaques on the tonsils. *iodide of potassium* 1-5 grammes per day, and the mucous plaques were painted with *chromic acid*. Nine days afterwards, June 20th, insufflation of *calomel* into the larynx. The following night violent pain, increase of hoarseness and difficulty of breathing and speaking. The mucous membrane of the epiglottis and arytenoid cartilage oedematous and the interior of the larynx appeared as if it had been cauterized with *nitrate of silver*. Dr. K. thinks that the nascent *iodide of mercury* was the cause of the acute inflammation, which, however, subsided rapidly when the remedies were discontinued.

ON THE PATHOGENESIS OF DIABETES.—Lépine gives (*Archives de Méd. Expérimentale*, March, 1891). Experiments to show that a glycolytic ferment exists in the healthy subject, and that in an animal deprived of the pancreas, as well as in a diabetic man, this ferment is diminished. He speaks of

this as a fact, beyond question, but states that there is no increased *production* of sugar when the pancreas is removed from healthy dogs.

ON THE ACTION OF CANTHARIDATE OF POTASH ON INFLAMMATORY PROCESSES.—Dr. Guiseppe Coen, of Leghorn, details a number of experiments with the salts of *cantharidine* (*Archives de Médecine Expérimentale*, May, 1891, p. 886). He says, on February 25th, 1891, Professor Liebreich drew the attention of the members of the Medical Society of Berlin to the pharmacology of the salts of *cantharidine*, and stated that in strong doses they produce lesions of the kidneys in the form of acute or subacute nephritis. In medium doses it produces an abundant serous secretion from the capillaries, especially from the pulmonary but also from the venal. Liebreich thinks that this serous secretion is produced more easily when the capillary area is already in a state of irritation in consequence of chemical or bacterian mischief.

Coen gives the result of a number of experiments undertaken to show the action of *cantharidine* on capillaries in a state of irritation. An inflammation of the ears of rabbits was provoked by *croton oil* or hot water. Each experiment was made on a pair of rabbits, one only being injected with a solution of the salt of *cantharidine*. The first effect produced was always dyspnœa. Sometimes the number of respirations was too great to be counted. Slight elevation of temperature, some tenths of a degree. The urine contained blood, sometimes after the first injection. Loss of weight and appetite; diarrhœa; lesions of the intestinal canal were found in the fatal cases. The œdema caused by the irritant disappeared quickly in the fatal cases of *cantharidine* poisoning but with small doses there was much less diminution of œdema. An increase of exudation in the irritated ear was never observed.

ETIOLOGY OF DIABETES MELLITUS.—Dr. Max Flesch, of Frankfort, quotes (*Berl. Klinische Wochenschrift*, Oct. 5th, 1891), a case of acute diabetes mellitus caused by mental excitement, and thinks many cases are produced by violent mental strain and emotional excitement.

SOME REMARKS ON THE SO-CALLED "NONA."—Dr. Ebstein of Göttingen refers to the cases of "Nona" which occurred in the spring of 1890 in North Italy. He suggests (*Berl. Klinische Wochenschrift*, Oct. 12, 1891), that the name is a reporter's corruption of "Koma." That there is nothing unusual in the occurrence of severe nervous symptoms passing on into coma. They were observed and recorded by Graves (in 1848), and many other good observers. Ebstein reports two cases of coma which he thinks were due to epidemic influenza.

J. GIBBS BLAKE.

NOTABILIA.

H.R.H. THE DUKE OF CLARENCE.

SINCE the death of the Prince Consort no more melancholy event has occurred in the history of this country than that which has rendered the first month in the new year memorable. With a suddenness that is appalling, an attack of pneumonia has terminated the life of the eldest son of the heir apparent to the crown of the United Kingdom and the Empire of India. Genial and courteous to all with whom he came in contact, whatever their degree or station, able to look back upon a well-spent youth devoted to the acquisition of knowledge which should fit him to be useful to his country, inspired with a desire, already well expressed, to be doing good in his day and generation, with a future, lying apparently immediately before him, full of happiness to himself and his family, and with the prospect that, in years to come, he would be called to occupy the foremost position in the greatest empire in the world—the loss of the Duke of Clarence to his immediate relatives is irreparable, while to the British nation it is a calamity of exceptional magnitude. The affection borne by the people of the realm to our royal house, and a deep sense of the gravity of this most distressing occurrence, have evoked an outburst of sympathy with Her Majesty the Queen, their Royal Highnesses the Prince and Princess of Wales, and with the bride-elect of the deceased prince, that has been as universal as it has been sincere. In this expression of sympathy, this condolence with our sorely afflicted royal family, none join more cordially or with deeper feeling than do the members of the medical profession. None can more fully realise than they, for none are so often called to witness, the bitterness of grief which springs from such a heart-breaking trial as the sudden termination of a life so precious, so full of promise, around which so many hopes had centred, as that of an affectionate and much-loved son, for whom high destinies seemed to be in store.

The official reports of the progress of the illness detail nothing more than the usual phenomena of a pneumonia, occurring first on the left side and then

passing to the right, unchecked in its development and progress by therapeutics. What were the measures taken to avert a fatal issue, other than supplying suitable nourishment and providing careful nursing, we have not, so far, been permitted to learn. Seventy-two years ago, last month, the great-grandfather of the Duke of Clarence, the Duke of Kent, died of the same disease. He was, we are told, thrice bled in order to check its advance; and it is also said that his physicians expressed themselves as convinced that H.R.H. would have recovered had his strength allowed him to bear one more venesection. This opinion would not, we are sure, find any supporters to-day. What, seventy years hence, we may be allowed to wonder, will be the criticism, which, in the light of therapeutic progress, will then be passed on the treatment pursued in the present instance, and adopted after the most anxious thought by the distinguished physician, upon whom rested the heavy responsibility of employing the most fully proved resources of his art when endeavouring to arrest the ravages of disease.

A NEW HEALTH RESORT FOR WINTER IN COUNTY CLARE, IRELAND.

[We have received the following from a correspondent.—
Eds. *M.H.R.*]

“Gentlemen,—Anxious to bring Kilkee, Co. Clare, into notice as a remarkable health resort in winter and spring, I have been advised to send you some account of its characteristics in the hope that you may be able and inclined to further the work.

“I enclose a short account of Kilkee as a place, together with a copy of the opinion of the principal physician there.—I am, Gentlemen, yours truly, M. M. T. O.

“It chanced that I had a letter from Lady F. this morning, whose young daughter is a martyr to asthma. She was at Moore’s hotel six or seven weeks in the spring and early summer, and Lady F. writes of her: ‘I am glad to say S. has been quite flourishing, and no colds since we left Kilkee, which is a great relief to me.’”

Extract of a letter from a resident doctor:—“Kilkee has, I believe, the highest winter temperature in the Kingdom; the air is usually less humid than might be expected from its

position, as it is usually in motion, and we have no trees. We have hardly any winter frost, snow on the ground being very rare, and never resting more than a few hours. This high temperature it owes to its almost insular position in middle of the Gulf Stream.

"Bronchitic cases do extremely well in the winter, the temperature having no sudden changes. Out-of-door exercise can be taken here when it cannot in any other part of the Kingdom. We have hardly ever eastern winds except in slight frost, and at that time the air is calm, of course, with generally warm sunny days. We have a milder climate than Killarney, where Calabrian plants flourish in the open air, but, of course, we can't grow the shrubs they do, from our close proximity to the sea, the saline particles in the air being injurious to vegetation. In my opinion this is better than the winter resorts of southern Europe to which British people flock in such numbers. We have not the hot sunshine, but neither have we the accompanying chilly blasts so dangerous to invalids. I wish English people knew this. Asthma cases from the large towns sometimes improve. It is the best possible climate for people who are liable to take cold quickly, and especially for recuperation after any debilitating disease.

"I won't say anything about the summer here, about rheumatism, etc.; you are well aware of its power in that direction.—I remain, yours very truly, P. C. Hickey, M.D.

"P.S.—We never have fogs for more than an hour or two, and they are sea fogs."

"Kilkee is situated upon a tiny bay about $\frac{1}{2}$ mile deep, running into the co. Clare from the Atlantic, and on a tongue of land extending to the point at which the Shannon flows into the ocean. It is reached either by Dublin and Miltown Malbay, whence is a drive of 15 miles (until the spring when that distance will be covered by a railway), or *via* Limerick by steamer down the magnificent River Shannon to Kilrush, distance 7 miles, also to be connected by railway in May next. Close carriages can be had for either drive by previous application to Moore's Hotel.

"The shores of Kilkee are washed by the Gulf Stream, tempering the freshness of its breezes, and lending a balmy healing power to the general air which is impregnated, like Biarritz, with iodine.

"As an instance of the mildness of the climate of Kilkee, it may be stated that through the whole of the rigorously cold months of last winter, both in England and the South of France and even Spain, there were in all only thirteen days

of slight frost in Kilkee, the longest lasting four days; and one fall of snow which lay on the ground for a few hours.

"Puny children grow strong and well; indeed everyone, except those who are confirmed *poitrinaires*, find health and strength.

"Every comfort at very low rates can be found at Moore's Hotel, which is kept open during the winter, while for those who prefer furnished houses, there are many such, which would be let cheaply out of the summer season. The best of meat, poultry, and so forth, can also be bought in the little town where the people courteously vie with each other in making visitors welcome.

"Attached to the hotel is a large extent of fine, strictly preserved snipe and wild-fowl shooting. On calm days there is sea-fishing on the Bay, within a reef of rocks which break the extreme strength of the Atlantic waves. Golf links give endless pleasure to walkers. There are rocks for climbers, and lovely sands for children; billiards, too, and libraries, and a Protestant Church exceptionally well served.

"Possessing all these advantages, Kilkee is still so little known to English people that it retains a primitive simplicity which commends itself greatly to those who do not care for the trammels of fashionable life."

About one-and-a-half or two miles from Kilkee there exists a very valuable iron spa, which is not generally known. We append the report and analysis of it, made by Dr. Apjohn, Professor of Chemistry, Trinity College, Dublin:—

"The specific gravity of the water at 60° Fahrenheit was found to be 1.00053, and, notwithstanding the deposition of most of the iron from the specimen sent for examination, it had still a slight styptic taste.

"The jar was now well shaken, in order that an equivalent mixture to that of the original Spa should be obtained, and an imperial gallon of the water in this state was measured out, and reduced by evaporation to the bulk of 15 ounces. Filtration was now resorted to, by which the salient constituents were divided into two groups—the insoluble and the soluble—the former of which were caught upon the filter, while the latter passed through in solution.

"The analysis of each group was now carefully made, by which the following results were obtained:—

Precipitated during the evaporation of the water.					
Silex	...	...	...	...	0.420
Peroxide of iron	...	...	...	...	1.600
Carbonate of lime	...	...	...	...	8.040
Carbonate of magnesia	...	...	...	...	.970

Not precipitated by boiling.

Lime	1.158
Magnesia	1.714
Potash ... ..	.575
Soda	8.589
Muriatic acid	11.988
Sulphuric acid	8.004

“The basis and acids in the latter group exist of course in a state of combination, and are equivalent to the following salts:—

Sulphate of lime	2.800
Sulphate of potash	1.064
Sulphate of magnesia	2.769
Chloride of magnesium	1.878
Chloride of sodium	16.208

“So that, with this modification, the analysis will stand as follows:—

Precipitated by evaporation.

Silex	0.420
Peroxide of iron	1.600
Carbonate of lime	8.040
Carbonate of Magnesia ... ..	.970
	—————11.080

Not precipitated by evaporation.

Sulphate of lime	2.800
Sulphate of potash	1.064
Sulphate of magnesia	2.769
Chloride of magnesium	1.878
Chloride Sodium	16.208
	—————24.719
	—————85.749

“It thus appears that an imperial gallon of the Ffooagh Spa contains 85.749 grains of saline matter; and that of this 11.080 grains are precipitated in virtue of evaporation, while 24.719 grains still continue dissolved.

“I have now, in conclusion, only to mention that the iron, though estimated as peroxide, exists in the water as bicarbonate of the protoxide, and in this form amounts to 8.20 grains per imperial gallon, a quantity considerably more than is found in several other chalybeates celebrated for their medical virtues. The oxide of iron too, is exclusively in union with carbon, a circumstance characteristic of those springs, which are found most beneficial in the treatment of disease.

JAMES APJOHN.”

Such a winter climate, with a Spa of such value close to it, is well worth the attention of the profession, as similar places within the United Kingdom are few, and we have much pleasure in endeavouring to make it known.

DR. DRYSDALE.

WE have heard with very great regret, and all our readers will, we are sure, sympathise in this feeling, that the health of our valued colleague, Dr. Drysdale, is at present a source of anxiety to his friends. Fifty years of active professional work by day, and of literary and scientific labour at night, have during the last year shown their results in increasing bodily feebleness. A fortnight ago he took cold, and this developed into bronchitis. A week later and the acute symptoms had subsided, leaving him, however, very much exhausted. Dr. Simpson, of Waterloo, is attending him, and he has the co-operation of Dr. Hayward, Dr. Ellis—Dr. Drysdale's partner—and Dr. Blumberg. We sincerely trust that his life may be preserved, and that we may be permitted to welcome him again at the Congress at Southport next September. At the time of our going to press we are informed that Dr. Drysdale has rallied, the broncho-pneumonic symptoms are much less grave, but that the patient is very weak.

NOTES FROM AMERICA.

RECENT legislation in the State of New York precludes all, wherever they may have graduated, from practising medicine within the borders of that State, who have not passed the State Board of Medical Examiners. The first examination under the Act was held in November last. Materia medica, practical medicine and surgery are examined in by homœopaths, or by allopaths, the candidate for a State license selecting by which school he will have his knowledge enquired into. The questions proposed in the written examination on Materia Medica and the Practice of Medicine by the Homœopathic Board were as follows:—

1. Name five remedies frequently indicated in eczematous eruptions, and state for what form of the disease each is applicable.

2. Name two prominent remedies with indications for their use in cystitis.

3. Give the indications of *aconite*, *gelsemium* and *baptisia* in febrile conditions.

4. Name four of the chief remedies in typhoid fever, giving indications for their use.

5. Name four principal remedies for hæmorrhage, and give at least one characteristic indication for each.

6. What is the prognosis of diabetes mellitus, and what is its treatment?

7. Under what conditions would you give a grave prognosis in scarlatina?

8. State your treatment, including diet, of a severe case of diphtheria, also name four remedies, and give their chief symptoms.

9. What is the proper treatment of pleurisy with exudation?

10. What are the causes of death in Bright's disease?

11. How does a homœopathic mother tincture differ from a fluid extract? Explain in a general way the preparation of homœopathic tinctures.

12. What are the chief preparations of opium? What doses produce the physiological effects of the drug, and what doses are poisonous?

13. When giving *digitalis* in large doses, what should be its limitations, and what are the dangers of its excessive use?

14. Differentiate between the pathogenetic effects of *bryonia* and *cimicifuga*.

15. Compare *bryonia* and *phosphorus* in chest diseases.

The questions set by the Allopathic Board on the same subjects were as follows:—

1. What are the therapeutic uses of *ergot of rye*?

2. What are the therapeutic uses of *digitalis*?

3. Explain the therapeutic uses of *opium* in dysentery.

4. What are the indications for the therapeutic uses of *nuxvomica* or *strychnine*?

5. What are the therapeutic uses of *potassium iodide*?

6. State your treatment, including diet, of typhoid fever.

7. Describe the treatment of diabetes mellitus.

8. Give the symptoms and treatment of tetanus.

9. What is the appropriate treatment of epilepsy during a convulsive attack?

10. Give the symptoms of acute croupous pneumonia.

11. Describe *ergot of rye*, its physiological action, and give the dose of the fluid extract.

12. Name three officinal preparations of *digitalis*, and give the dose of each.

13. Name an important alkaloid of *erythroxylon*, and describe the purposes of its application and its effect.

14. Write a prescription containing *morphine* for hypodermic purposes, and state the amount to be used for an adult at each injection for the purpose of allaying local pain.

15. Give the difference between a laxative, a saline purgative, a hydrogogue purgative, and a chologogue purgative, and name examples of each.

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“There are,” says *The North American Journal of Homœo-*

pathy, "sixty-six homœopathic hospitals in the United States containing 6,820 beds. During the year 1890, 33,736 patients were treated, with a death rate of only 8.8 per cent."

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The University of Minnesota, like those of Michigan and Iowa, is furnished with professors of *Materia Medica*, Practice of Medicine, and other branches of medical study, drawn not only from the ranks of adherents of traditional medicine, but also from those of the school of Hahnemann. Hitherto there has been no expression, or, at any rate, no manifestation of ill-feeling, between the professors of the rival schools. This has been especially noticeable at Minneapolis, the seat of the State University. How promptly and decisively anything of the kind is suppressed is well shown by an attempt on the part of one of the allopathic professors to prevent an appointment being made on the ground of the homœopathic faith of the gentleman selected. At the opening of the current session Professor Hendricks, the demonstrator of anatomy, required two assistants. Of the two most competent for the post, one, Mr. Spaulding, is a son of the President of the State Homœopathic Medical Society. The Dean of the Medical Faculty, Dr. Millard, an allopathic practitioner in Minneapolis, refused to endorse the appointment. On being requested to assign a reason he gave one which was shown to be without any foundation. Still he declined to sanction Professor Hendrick's selection. Upon this Mr. Spaulding appealed to the President of the University, and he, on hearing the facts of the position, sent word to Professor Hendricks that unless there was some other reason than the homœopathic one why Mr. Spaulding should not be his assistant, he was to be appointed at once; and accordingly he was appointed.

* * * * *

The Homœopathic Hospital at Minneapolis is, we hear, in splendid condition, except that it is too small, having many more applications for admission than it has room to receive. It has a large force of nurses in the training school, which has been in operation for two years, whose graduates (certificated pupils) are in demand throughout Minnesota and neighbouring States.

* * * * *

The Boston Herald (Dec. 26, 1891), gives an interesting sketch of the rise and progress of a knowledge and appreciation of homœopathy in Boston, and throughout the State of Massachusetts. The present Boston Homœopathic Hospital was completed and opened in 1876. It contained 40 beds.

Very soon a demand arose for an extension, and in 1884 its accommodation was doubled. Still room was needed, and an appeal to the Legislature for a grant to assist the trustees in providing it, which was (as we stated at the time) made last year, resulted in a State donation of £24,000—the largest sum ever contributed by the Legislature to any charitable object so unanimously. The result is that the buildings now approaching completion will contain 250 beds.

The Medical School of the Boston University is intimately connected with the hospital. This University was the first graduating body in the United States to render a four years' course of study compulsory upon its candidates for the degree of Doctor of Medicine. It is very satisfactory to find that this addition to the course of study has not diminished the number of students, but that, on the contrary, it has been annually on the increase, and at the commencement of this session there were 40 per cent. more medical students registered than during the session 1890-91. The school buildings have lately been increased by a four-story structure, with an area of 60 × 56 ft.

“In the first story there will be a large physiological laboratory, capable of accommodating 50 students at a time, a laboratory for the use of the professor of physiology, and a lecture room of good size. The second story will contain a microscopical and histological laboratory of the same size as the one underneath it, and a private study. On the third floor will be a library with a capacity of 80,000 volumes, a reading room, to be supplemented with a reference library, and the librarian's study. In the fourth story will be situated the museum of physiology, and anatomy and pathology, together with rooms connected with it for the study of pathology.”

The writer of the article in the *Herald* says of Dr. Talbot, the Dean of the Medical Faculty, well known to many of us—“The name of Dr. I. T. Talbot, the dean of the school, has been identified with homœopathy almost since its introduction into this country. In the course of a full and active life he has been secretary of the State Medical Society from 1860 to 1865, president of the State Medical Society in 1866, secretary of the American Institute of Homœopathy from 1865 to 1870, President of the same in 1871-72, president of the International Homœopathic Congress, at Atlantic City, in June of this year, secretary of the Homœopathic Dispensary since its foundation, 85 years ago, up to the present time; a trustee of the Homœopathic Hospital, and chairman of its medical board for many years, vice-president of the same

institution for several years, dean of the faculty and professor of surgery in the medical school." And we may add that he was for many years the editor of the *New England Medical Gazette*.

As a summary of the progress homœopathy has made in Massachusetts, the writer states that, "In 1840 there were only five physicians in New England who practised homœopathy. In 1850 this number had increased to 60; in 1860 it had grown to 181; in 1870 there were 384; in 1880, 820; in 1890, 1,160. Boston alone now numbers 150 homœopathic practitioners within her limits.

"Each New England state has a chartered State homœopathic medical society. The one in Massachusetts is the oldest in the country, and possesses upward of 800 members.

"The school has hospitals in Providence, R. I., Newton, Taunton, Quincy, Chelsea and Malden. In several of these homœopathic and allopathic treatment are both given. At one time it was supposed that the two systems could not exist in the same institution, but the results have proved the feasibility of the plan, and mutual respect between the two schools has been greatly fostered thereby."

* * * * *

The progress of homœopathy in Massachusetts is further illustrated by the establishment of the State Homœopathic Asylum for the Insane at Westboro', an event largely due, we believe, to the never-tiring energy of Dr. Talbot. The *Springfield Republican*—one of the most influential journals of the State—in an editorial article of the 7th of Nov., 1891, gives an account of the asylum and of its present position. On the occasion of its opening, Dr. N. E. Paine, a comparatively young man, who had been one of Dr. Talbot's assistants at Middletown Asylum, and who, we believe, received some of his early training in asylum management at the Warwick County Asylum—was appointed the Medical Superintendent. From the superintendents of neighbouring asylums, and from members of the State Board of Supervision, he met with a great deal of opposition for a considerable time.

"Early in 1888," we are told, "he was compelled to receive from this board chronic patients from other hospitals, against whose commitment he protested, in vain, as unsuitable cases. And since that time, his hospital has been under censorious supervision and unfriendly report, with no commendation for what he accomplished, and no toleration for his accidents or mistakes, if any were made."

"Well," writes the editor, "five years have passed since this hospital was occupied, and what is its record? It has

steadily made more recoveries than the older hospitals, its recovered patients have not relapsed any oftener, its attention to the needs of individual patients (which accounts for the increased recoveries) has been greater than elsewhere; it has so utilised its old and remodelled buildings (almost always crowded) as to make them practically as useful as the more costly structures at Worcester and Danvers, and it has won the good opinion of all who have impartially observed its career. It has established a training-school for hospital attendants (there called 'nurses,' because in fact they perform the duties of a nurse), and this week graduated its first class of trained nurses, after two years of extended study and faithful service in the wards of the hospital and elsewhere. It has for three or four years given clinical instruction to a large class of medical students from the Boston University, and by its excellent pathological work has made that instruction more valuable in medical education than any other which is given in Massachusetts upon the subject of insanity. In short, the Westboro' hospital has performed all, and more than all, that was expected of it by reasonable people when it was opened in 1886."

After remarking on the excellence of the nursing arrangements at Westboro', the writer says: "And to this care must be ascribed the more numerous recoveries in this homœopathic hospital. A special virtue may be claimed for the medicines; but most persons will see in the result an argument for well-trained nurses and great personal attention, which are both found at Westboro'. The expense of treatment is somewhat greater, but the results fully justify it. It is cheaper to cure the insane at \$4 a week than to turn them into chronic cases at \$8.25 a week."

We learn with regret that Dr. Paine has, during the last few weeks, resigned his appointment at the Institution at the head of which he has stood since its opening. His service to it, says the *N. E. Medical Gazette* (January, 1892), "has been of such inestimable value, so unremitting in its conscientiousness, its keen intelligence, its sound effectualness, that it must ever remain a shining page in what, we all trust, may be a long and most prosperous history." Dr. G. S. Adams, who has been long associated with Dr. Paine, has been appointed his successor.

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A striking illustration of the progress of homœopathy in the United States is seen in the comparative increase of population and of homœopathic physicians in the various States during the past twenty years; the increase in the following States has been—

	Increase of Population.		Increase of Homœopathic Physicians.
Illinois	... 51 per cent.	...	98.5 per cent.
Iowa	... 60 ,,	...	160 ,,
Missouri	... 55 ,,	...	250 ,,
Kansas	... 290 ,,	...	887 ,,
California	... 115 ,,	...	1,655 ,,

(N. Am. Journal of Hom., June, 1891.)

THE UNNAMED DEAD.

THE following pathetic tribute to the memory of Dr. Jas. D. Pratt, a graduate of Hahnemann Medical College of Philadelphia (1852), was delivered at the Atlantic City Memorial Meeting, Sunday evening, June 21st, 1891, by Dr. Wm. H. Holcombe.

The unnamed dead! Who has not walked through the grounds of one of our national cemeteries, and felt his heart ache when he surveyed some soldier's grave, with a head-board containing no inscription, no date, no name? There are heroes and martyrs also, who have sacrificed their lives for science and humanity, whose names have never been inscribed upon the rolls of fame, where they could excite the applause and emulation of coming generations. To rescue from oblivion the memory and character of one of these hitherto unnamed dead, I will relate his simple story.

In 1854, when I was practising medicine with Dr. Davis, the great pioneer of homœopathy in the South-West, a young gentleman presented himself one day to us, with the recommendation from the faculty of his college. He was a beardless youth, small of stature, slight of build, quiet and unassuming in his manner, and seemed not greatly competent to battle with the world, but he was thoroughly confident that he had the best outfit for battling with disease and death.

We advised him to locate at Waterproof, La., a little town surrounded by rich plantations, where several advocates of the new system resided. He did so, and we heard month after month that the little doctor with his little pills was doing little or nothing for a living. He was biding his time, waiting for that flood in the tide of fortune which comes at least once to us all.

He summoned me once to aid him in consultation. I found that he had received no allopathic education at all, did not know the proper dose of quinine, or calomel, or morphine, and confined himself almost entirely to the 30th attenuation in globules. I, who had come recently from the old school

into the new, said to myself: "This fledgling of pure homœopathy will prove a failure when he grapples with the violent diseases of the South."

I was mistaken.

When the winter came on, an epidemic of typhoid fever broke out among the negroes of the plantations. At that time the good planters paid very great attention to the lives of their slaves. Every grown African represented a thousand or fifteen hundred dollars to the pocket of his master. That species of property has entirely depreciated since the days of Abraham Lincoln, of blessed memory. The epidemic was very severe and proved very fatal under the vigorous and heroic treatment of the allopathic doctors.

One day a wealthy planter entered the office of the homœopath. "Doctor," said he, "I have lost eight grown negroes in two weeks. If this goes on it will ruin me. I know nothing of your system, and I confess candidly that it seems to me 'awfully foolish,' but I am determined to try it. Now pack your whole stock of medicines into your trunk and come with me, and stay at my house until this epidemic is over."

The young doctor, who had been sitting with idle hands and unopened vials, ignored entirely on account of the severity of the disease, responded with alacrity.

When the doctor changed the whole treatment, the mortality ceased. The news flew from plantation to plantation; it seemed a miracle to the people. The doctor was in constant demand and was overwhelmed with business; and when the epidemic was over the planters said, "Any medicine which can cure typhoid ought to cure everything else." So when the summer came the fledgling of the homœopathic school kept four horses, and did half the practice of the county.

A darker storm was rising in the Mexican Gulf and was moving northward. The yellow fever, the great scourge of the tropics, broke out in New Orleans and crept gradually up the river, attacking town after town in succession. Raging a while at Natchez, it leaped over to Vicksburg, apparently forgetting the intermediate places, whose inhabitants were watching its progress with anxiety. Suddenly a case appeared in Waterproof. The timid fled, the irresolute cowered, and the bravest awaited the shock with apprehension. In two or three weeks half the community was prostrated.

The homœopathic doctor moved about his arduous and dangerous work serenely, hopefully, industriously, successfully. After a while two of the allopathic physicians were dead and the other two were down with the disease. The whole work devolved upon our little homœopathic hero; he struggled bravely with the increasing burden. Feeble, suffer-

ing, exhausted, he dragged himself slowly from house to house; neither the remonstrances of friends nor his own intimations of approaching calamity deterred him from the performance of his professional duties.

The yellow fever crept upon him in that insidious and fatal form known as the walking case. Unable to go out of the house, he continued, with the fever raging in his blood, to give medicine and advice in his office. The strain upon him soon produced its terrible effect, but he clung to his post. Late in the evening, an intelligent friend coming in to see him, found him at his office table, attempting to prescribe for a patient, in a state of delirium.

He was instantly carried to his bed, and anxious friends hastened to do all they could for him. A messenger was despatched with a carriage and swift horses to Natchez for Dr. Davis or myself, and a nurse. The regular packet had passed down and no other boat was expected that night. I had just retired at twelve o'clock, weary and worn with business, anxious and aching at heart, when my bell rang and the summons to cross the Mississippi River in a skiff and ride thirty-five miles over a rough road was received. When a homœopathic brother is in distress, we rush to his assistance, regardless of interest, comfort or circumstances.

I reached his bedside early in the morning. It was too late. The Angel of Death, who is also the Angel of the Resurrection, had set his seal upon him. Thus perished in the bloom of youth, in the hour of success, by a death as glorious as ever soldier or sailor met by land or sea, a graduate of "old Hahnemann" College, one of the privates in the ranks, one of the unremembered heroes of homœopathy.

"Unremembered no longer;
He is remembered here to-night."

I drop the tribute of these words like humble flowers upon his grave.—*Hahn. Monthly.*

PERCHLORIDE OF MERCURY IN CANCRUM ORIS.

MR. RUNDLE, F.R.C.S.I., reports (*Brit. Med. Jour.*, Feb. 14, 1891), two cases of gangrenous stomatitis in which a magical result followed the application to the diseased parts of a 1 in 1,000 solution of the perchloride. Mr. Rundle used this agent on account of its germicide properties, cancrum oris being, he opines, due to the deleterious influence of these undemonstrated organisms. If this explanation were a correct one—or at least a universally correct one—it would at once render the perchloride unnecessary, for there are other antiseptic agents equally dangerous to "germs" and less so to their hosts. Probably Mr. Rundle is by this time himself inclined

to seek for some other explanation of the usefulness of the perchloride in the cases where it is successful. For he will have remarked that recently (*Lancet*, September 12th) the treatment failed, although a presumably liberal allowance of germs was met with a liberal supply of the *perchloride* (1 in 500) The patient was robust, and free from constitutional symptoms, except pyrexia, until within thirty-six hours of his death. In other words, the symptoms indicating *hydrarg. perchlor.* were absent in this case, in which extensive necrosis was present. In the case last referred to, several other remedies are suggested by the report given, while the general pallor, prostration, etc., indicating *mercury*, were absent. Perhaps Messrs. Rundle and Kingsford are unaware that *mercury* will produce a condition closely resembling "idiopathic" gangrenous stomatitis, and this fact that long ago led to the administration of that drug in noma. Perhaps, also, they may find this relationship at least as satisfactory an explanation as the germicidal theory (neither being an explanation strictly speaking, by the way); perhaps, again, they might in future be saved from failure by studying more carefully the relationship between drug and disease—bearing in mind Hahnemann's injunction, "let likes be treated by likes."

HYPNOTICS.

THE use of hypnotics in the treatment of insanity has, during the last two generations, been productive of almost as much evil as the mechanical restraint previously employed effected. Dr. Henry Maudsley, we believe it was, who described narcotics as mufflers placed on the brain instead of on the hands. We are glad to see by a quotation in *The Lancet* (Nov. 7), from a paper by Dr. Chapin, of the Pennsylvania Asylum, published in the *The American Journal of Insanity*, that the mischievous effects of these drugs are beginning to attract the attention of medical superintendents of asylums. In introducing the subject, *The Lancet* writer says that Dr. Chapin "gives a number of cases whose history was complicated with such anomalous and unusual symptoms as to suggest a suspicion that a form of disease, perhaps heretofore unrecognised, had appeared. * * * In these cases hypnotics, in large or repeated doses, had been administered, and to such a degree that a pathological state was added or superinduced that seemed clearly to result from the medicines prescribed to produce sleep. In one case, where large and regular doses of *chloral* and *para-aldehyde* were believed to have produced a condition of hysterical mania, with insomnia and general hallucinatory disturbance, the patient made a good recovery under *hyoscine* and liberal food. In another case

180 grs. of *chloral* had been taken daily for six weeks, along with the *bromide of potassium*. *Morphia* with *bromide* produced the mischief in another case. One patient, now under treatment, is suffering from mental hebetude, languor and suspension of mental activity, took 680 grs. of *bromide of potassium* every twenty-four hours for one year. She is now slowly recovering from the drug poisoning. The facts presented in the histories of these cases showed nothing very special in the early stage. Later on, however, hallucinations appeared, accompanied with restlessness, motor disturbances and fear of impending calamity. This sense disturbance was general and active; terrible sounds and voices, dreadful apprehensions, accompanied by struggles to escape and suicidal attempts, refusal of food. Life was sometimes seriously threatened in consequence of partial paralysis or impaired performance of functions of vital centres during the course of this toxic delirium. The physical symptoms were noticed to be—dilated, sluggish pupil, diminished mental reflexes, a feeble heart-beat, a flabby tongue, somewhat pale and covered with a pasty coat, and a tumid abdomen.”

THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES.

THE body known as the Personal Rights Association is endeavouring to bring pressure to bear upon Her Majesty's Government to induce them not to legislate further with regard to the Compulsory Notification of Infectious Diseases. For this purpose a memorial to the following effect is being circulated for signature:—

“1. That your memorialists have heard that it is the intention of Her Majesty's Government to introduce a Bill for making the Compulsory Notification of Infectious Diseases universally operative throughout the United Kingdom, without the consent of local authorities.

“2. That your memorialists are strongly of opinion that the existing Act has done no good for the immediate purpose—the prevention of the spread of infectious disorders—for which it was passed, while, in connection with other Acts, its effects have been to violate the rights of the person—especially in the case of the poor—in a manner not to be justified by considerable hygienic success.

“3. That your memorialists desire that the sentiment of respect for the law, which is a mainstay of social order, shall be strengthened and made permanent; and they therefore view with alarm and condemnation the use of the law—as in this instance—for purposes antagonistic to natural justice and

family affection, and which find no sanction in the consciences of large numbers of honest and enlightened persons.

"For these reasons your memorialists respectfully urge that Her Majesty's Government will not introduce a Bill for extending and making more absolute the Compulsory Notification of Diseases."

Those who feel an interest in this matter may obtain all necessary information from the Honorary Secretary, Mr. Alfred Box, at the office of the association, Victoria Street, S.W.

MEDICAL CHARGES.

A CORRESPONDENT of *The Philanthropist*, who signs herself "A Lady Who Doesn't Know Better," writes: "I see that another *fuss* is being made about people going to the hospitals who could *afford* to pay for a *private* doctor. That is all very well. But if I send for my doctor his interest is to keep me dangling *as long as possible*. If I go to a hospital they try to cure me and get *rid* of me as soon as they can. The more trouble I give them the more *hurry* they are in to see the last of me. There's another thing, Mr. Editor, doctors in London are so *ridiculously* dear. Most of the *wretches* charge a guinea a visit. There is nothing *respectable* under half-a-guinea. Now I can't afford guineas or half-guineas, except one is really and truly downright *ill*—and then, as I've told you, it is better to go to the hospital. We wouldn't do it if these fine London doctors were only like the dear old country doctor where I lived when I was a girl. He would drive five miles to see me, and chat for an hour, and tell us *all* the news of the neighbourhood, and only charge five shillings after all, medicine included. If they were like him, I would not go near these horrid rude hospital people." The writer of the foregoing practical expression of her sense of the value of medical services could, we fear, find only too many "respectable" and highly educated medical men who have to be more or less satisfied with a fee far less than one of half-a-guinea, who, indeed, rarely receive such a mark of appreciation. A woman, however, who thinks her doctor's services were adequately acknowledged by the payment of a sum just one-third less than a cabman would accept, would be a very undesirable patient at any fee! She is a suitable subject for "horrid rude" attendance. We do not wonder that when she puts on the shabby gown such people usually keep for the occasion, and goes to the hospital, they try to get rid of her as soon as possible. Whether they "try to cure" her, we very much doubt. If they do she gets more than she deserves!

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Communications have been received from Dr. E. T. BLAKE, Dr. FAIRFORD, Messrs. KUTNOW & Co. (London); Dr. MADDEN (Bromley); Dr. EDMUND CAPPER, Dr. HAYWARD (Liverpool); Dr. HUGHES (Brighton); Dr. G. CLIFTON, Dr. MASON (Leicester).

NOTICE.—The editors are obliged to delay the reviews of two or three volumes which they have received until a subsequent issue, on account of extreme pressure of professional duties. Amongst these is the final part of *The Cyclopædia of Drug Pathogenesis*.

BOOKS RECEIVED.

A Cyclopædia of Drug Pathogenesis. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part xvi. Appendix (continued) and supplement. London: E. Gould & Son. New York: Boericke & Tafel. 1891.—*De la Méthode Hypodermique dans certains cas de chloro-anémie, &c.* Par le Dr. E. Boisson. Sceaux, Bureaux de la Med. Hypod. 1891.—*The Homœopathic World*. London. January.—*The Chemist and Druggist*. London. January.—*The Monthly Magazine of Pharmacy*. London. January.—*The North American Journal of Homœopathy*. New York. December.—*The American Homœopathist*. New York. January.—*The New York Medical Times*. January.—*The New York Medical Record*. January.—*The Chironian*. New York. December.—*The New England Medical Gazette*. Boston. January.—*The Clinique*. Chicago. December.—*The Medical Advance*. Chicago. November and December.—*The Homœopathic Physician*. Philadelphia. January.—*The Southern Journal of Homœopathy*. New Orleans. December.—*The California Homœopath*. San Francisco. December.—*The Homœopathic Encoy*. Lancaster, U.S.A. January.—*Bull. Gén. de Thérapeutique*. Paris. January.—*Revue Homœopathique Belge*. Brussels. November.—*Rivista Omiopatica*. Rome. December.—*Leipziger Pop. Zeitschrift für Homœopathie*. January.—*Gazetta Medica di Torino*. January.—*La Homœopatia*. Bogota, Colombia. November.—*Homœopathisch Maandblad*. January.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

THE "CYCLOPÆDIA OF DRUG PATHOGENESY."

BY DR. HUGHES.*

GENTLEMEN,—Just upon ten years ago—it was in March, 1882—I had the honour of proposing in this room a resolution to the effect that the time had come for a reconstruction of the Homœopathic Materia Medica, and that the British Homœopathic Society was prepared to undertake the task. Dr. Yeldham, whose Presidential Address at the Congress of 1880 had done so much to quicken our sense of this need, seconded me; and by a unanimous vote you affirmed the timeliness of the work and assumed the duty of its accomplishment.

I need not remind you of what followed—the tentative presentations of *aloes*, the *acids*, *aconitine*, and *sulphur*, with the discussions evoked by them; the doubts and fears expressed by some, the open opposition of others; the difficulties as to ways and means, and so forth. It is enough to recall that, in 1884, the co-operation of the American Institute of Homœopathy in the furtherance—intellectual and material—of the undertaking commended it to all, and made it feasible. I was desired to take the responsibility of it, with the co-operation of Dr. Dake as American editor, and of consultative committees in the two countries. With their aid, and that of other ready assistants—to one and all my hearty thanks are again

* Read at the British Homœopathic Society, Feb. 4th, 1892.

tendered—the work is now completed; and I have the pleasure of presenting to you this evening the four volumes which contain it.

I had thought that in bringing to a close the work on which I had so long been engaged, my feelings would have been like those which Gibbon has described in a celebrated passage of his autobiography. However, whether it was that the English Channel in November (even if I could see it from *my* garden) is not so pleasing an object as “clear placid Leman” on a night in June; or whether the thought of the index yet to be compiled pressed upon me,—certainly I cannot own to any sense of “recovery of freedom,” or of “sober melancholy at taking everlasting leave of an old and agreeable companion.” One thing I did feel, and now express, and that is thankfulness at having been spared, in health and strength, to bring to its close the work for which I was in every sense responsible, and which, while left undone, would have given my conscience no peace.

There is no need for repeating, on the present occasion, the explanations and vindications of our mode of proceeding which have hitherto been required. The introduction to the first volume, the preface to the last, contain all that the editors have to say of this kind. To introduce our discussion this evening, I would suggest some of the advantages which will result if the *Cyclopædia* be adopted—as we claim it should be adopted—for *the* Materia Medica of Homœopathy.

1. In all compilations of our symptomatology hitherto made—from those of Jahr and of Noack and Trinks in the past to that of Allen in the present—Hahnemann’s contributions to it have found place. It seemed necessary for us and honourable to him that so it should be; but this great disadvantage has resulted, that his own works on the subject have been superseded, and are possessed by few among us. Now a treatise like the *Reine Arzneimittellehre* is much more than a collection of symptoms, which can be taken to pieces and set up again with others to form a new schema. The introductions to the volumes, the prefaces to each medicine, the notes and cross-references to many of the symptoms, are full of interest and instruction: the very order in which the pathogenetic effects are arranged gives them further significance. Now for all that Hahnemann has done in

the way of *Materia Medica*, the *Cyclopædia* refers you to him, and shuts you up to him. It compels you to drink at the source, and ensures you thereby against loss or defilement of the waters. We could not have acted thus twelve years ago, when the *Reine Arzneimittellehre* did not exist in English, save in the very imperfect version of Dr. Hempel, and this was rarely to be had. But now, thanks to the labours of Dr. Dudgeon, to the initiative of the Hahnemann Publishing Society, and the support of our own, we have a translation worthy of the original, in which the English reader can study all that the Master has to say of our various medicines, and to which he can refer with confident assurance. Too few, even now, have availed themselves of the opportunity of becoming possessors of this great work: we hope that the *Cyclopædia* may stir up some of them to their duty.

2. The second advantage which will result, if the *Cyclopædia* displaces its present rivals, is that we shall make much greater use of the law of similars in our practice, and proceed much less upon empirical indications. I of course fully recognise the value of the *usus in morbis*; nor do I doubt that a remedy arrived at from experience only may be a truly homœopathic one. But I deprecate content with such mode of proceeding. Our *differentia* as homœopaths stands in our following a therapeutic law. We may avail ourselves of applications of that law which others have made with success, and have put on record; but we should be constantly applying it for ourselves, with full consciousness and deliberate purpose, and thereby alike curing our patients and enriching our remedial treasury. To do this, we must have a collection of drug pathogenesis which shall be pathogenesis indeed, and nothing else; which shall be *Materia Medica Pura* in Hahnemann's sense. To such character our existing works of the kind, save only Dr. Allen's *Handbook*, have no claim, and indeed make none. Take two of those most widely used and most frequently referred to—the *Guiding Symptoms* and *Condensed Materia Medica* of the late Constantine Hering. Both of them include, without distinction, symptoms that have disappeared under the medicines in the sick, as well as those which have appeared under them in the healthy; and yet men imagine that they are applying the law of similars when they work with

such books. The chief offenders here are those who call themselves Hahnemannians *par excellence*, and proclaim that "if our school ever gives up the strict inductive method of Hahnemann, we are lost." I take up the current No. (Jan., 1892) of their representative journal, the *Homœopathic Physician*. I find there (p. 13) a case of swollen bursa patellæ, recovering under *sticta*. At the end of his narrative, the reporter writes:—"In Hering's *Condensed Materia Medica* we read, under *Sticta-pulmonaria*, 'Bursitis, especially about the knee.'" He evidently thinks that here is proof that he has followed the "strict inductive method of Hahnemann"; whereas his practice was the merest empiricism. The symptom is a clinical one, taken from some observations of Dr. E. C. Price's, and has nothing corresponding to it in the provings of the drug. Again, on page 19, we have some observations on *phellandrium*. The writer states that "There is some proving of the symptoms (sic) in Hering's *Guiding Symptoms*." Basing himself on this authority, he states that "It produces, and is therefore homœopathic to" among other things "spasmodic cough with emaciation, swelling of the hands, copious purulent sputa, profuse sweats," and so forth. Now, I need not say here that *phellandrium* has never produced such phenomena; even from Nenning's active symptom-manufactory they do not appear, as you will see in Allen's pathogenesis. They are taken from cases of phthisis, which, in old-school practice, *phellandrium* seems to have done something to benefit, and are utterly out of place here. The repertories most in favour with this wing of our school, from Lippe's to Gentry's, are full of such misleading references. (What we are coming to in the way of repertories is suggested by an article on the subject in the current No. of the *North American Journal of Homœopathy* (p. 21), where we are told that "Allen's *Symptom Register* is often helpful, but very unsatisfactory,"—the reason being that "only symptoms obtained from provings could be included in the *Encyclopædia*" which it indexes.) I do not deny the occasional usefulness of empirical hints like these; but to style a practice based upon them "pure homœopathy," and a following of "the strict inductive method of Hahnemann," is surely a ludicrous misnomer.

We of the less exclusive section of homœopaths have doubtless erred in the same direction; though with us, I think, the cause has mainly been our dissatisfaction with and distrust of the *Materia Medica* we have hitherto had to employ. For us and for our stricter brethren alike a better day may now dawn. They may cleave to their "single remedy" and "minimum dose" as closely as they please; we may avail ourselves occasionally of alternations, and generally of less exalted attenuations: but both may make, and should make, the rule *similia similibus* the guiding star of their practice. Here is a body of drug pathogenesis fresh from nature's mint, pure in every sense of the word. "Let likes be treated by likes" is the key to unlock the treasury. We all have it in our hands: let us use it freely and persistently.

3. That we may do so, however, it is recognised on all hands that we must have a repertorial index to the *Cyclopædia*—one that shall enable us readily to ascertain what drug has caused the symptoms we have in the patient before us. The third advantage of the new form our *Materia Medica* has assumed is the alteration that must pass upon its repertory. Hitherto this has indexed a schema; and as in the latter symptoms appear without note of their connection with others, nothing is gained by referring to them *in situ*, and the repertory has practically superseded the *Materia Medica* with those who use it. It will not be so with ours. We propose to give with each drug-name affixed to a symptom, reference to its number in Hahnemann's list, or to the division and sub-division of the *Cyclopædia* in which the symptom in question occurs. It can thus be readily looked up to see if its modalities and concomitants are such as to make it truly similar to the morbid state before us. And as, without such looking up, it may well fail to guide us aright, a habit of consulting the *Materia Medica* itself day by day will be formed, and will prove, I venture to predict, most advantageous.

This brings us to the Index, and I should be glad to learn if the members of the Society have any suggestions to offer as to its execution. At our Bournemouth Congress in 1890, I made certain proposals in this direction. They were, briefly:—

1st. That the material should first be gone through, with the view of so selecting and condensing that nothing should be indexed but what was, with reasonable certainty, of practical use.

2nd. That the schematic, rather than the alphabetical, order should be followed, and the basis be anatomical, carried to as minute sub-division as is practicable.

3rd. That under each region, organ, or part, first should come the pains, in their several varieties, and then other sensations or appearances—all in alphabetical order.

4th. That the integrity of complex symptoms should be maintained by a system of references, whereby all fragments of such wholes shall point to the place where their parent symptoms may be found. This was to supersede the necessity of the cypher, as employed in the *Repertory* of the Hahnemann Publishing Society.

As soon as I had finished the *Cyclopædia*, I began to prepare the text for indexing after the manner suggested. When I had gone through the acids, I thought it would be well to test upon them the plan I had sketched for the whole *Materia Medica*. The endeavour would teach me much; and it would enable me to do what had been suggested at the Congress, viz., that I should prepare a specimen of the work for discussion by my co-editor and consultative committees, and perhaps by my colleagues at large. This I am now doing. The very heavy professional work of the last two months has prevented my completing it, as I had hoped to do, in time for the present meeting; but so far as I have gone I lay it before the members present. It will show them, on a small scale, the kind of thing I propose to give them on a large one; and I should be very glad to know if it seems to them likely to be intelligible and useful.

DISCUSSION.

Dr. CLARKE said the best thanks of all were due to Dr. Hughes and his colleagues for the grand work they had now completed. The work was a splendid collection of raw material; the material was there but it had yet to be digested. It seemed to him that another four volumes would be needed to present the material in schema form; and then they would be in a position to complete it by compiling the *Index* or *Repertory*.

Dr. DUDGEON said it was impossible to study a medicine in the schema form. Every proving was a clinical case, and it was as impossible to study a medicine in the Hahnemannian Schema as it would be to understand a disease if its symptoms were arranged in that form. The symptoms had an evolution and sequence which the Schema destroyed. He thought to schematise this work would be to abdicate their functions, the chief of which had been to rescue pathogeneses from that form and present them as they occurred.

Dr. COOK referred to Dr. Hughes' objection to use provings on patients. He said that few persons were in perfect health, and therefore most provings were not up to Dr. Hughes' standard. He would like to know where Dr. Hughes would draw the line.

Dr. GOLDSBROUGH agreed that the work was a collection of "raw material," but it was such excellent material that our best thanks were due to Dr. Hughes and his colleagues. Referring to the *Index*, he, personally, would like the arrangement of it to be such that it would appeal to the mind as a presentation of the *Materia Medica*. He considered that the term "symptom" was used too loosely. Quoting from the *Cyclopædia* the *post-mortem* appearances produced by *muriatic acid* in animals, he asked how these could be placed under the heading of "symptoms," and pleaded for a more scientific arrangement of them in the *Index*.

Dr. GALLEY BLACKLEY said there was something to be said for both Dr. Clarke's and Dr. Dudgeon's idea. The *Index* must partake of the nature both of Schema and *Index*. It will have to be done with great deliberation, and much careful boiling down will have to be carried out. He thought the small type symptoms should be excluded, and also all symptoms proved by dilutions higher than the third—with certain exceptions. He was not sure that he agreed with Dr. Hughes that symptoms should be numbered with references. He would prefer that it should be done in the same way as dictionaries, with quotations from the *Cyclopædia* showing the scope and relation of the symptoms.

Dr. MOIR said when the work was projected he was amazed at the boldness of the undertaking. Now the work was complete. But the question was, How was it to be made available for use? He trusted to Dr. Hughes' powers to bring this about as he had so successfully brought the material together.

Dr. BURFORD thought it might be useful to inquire how many times the *Cyclopædia* had been used by members of the society in difficult cases. He had referred to a remedy (*cicuta*) in the *Cyclopædia*, and was unable to find the clinical picture he required. He then turned to Allen, and there in the

Schema found what he wanted. In the *Cyclopædia* it existed, but it was "raw material." As for the *Index*, he said what was wanted was a reference book in which the commonest symptoms could be found most readily. The *Index* would be the part used; the *Cyclopædia* would be occasionally referred to. He asked Dr. Hughes, What was the "strict inductive method of Hahnemann" he referred to? If this meant anything, it meant that the drug and disease symptoms should follow the same course of development as compared with each other, which never occurred.

Mr. KNOX SHAW expressed his sense of the indebtedness of all homœopathists to Dr. Hughes and his collaborators for completing this great work. He could not at present make much practical use of it. He looked to Dr. Hughes and his colleagues to make of it something useful. He wanted two additional volumes—one to tell him which drugs to look at, and then a volume in which all the provings were boiled down into one ancestry, in the fashion of Mr. Galton's composite photographs. He had no doubt this would be brought about.

Dr. HUGHES, in reply, said that he had invited suggestions as to "the measures which should be adopted to make the *Cyclopædia* most valuable to the practitioner"; and he much appreciated the response which had been made to his call. He quite recognised that the work, as it stood, was a student's book, and not a practitioner's; but as some four or five hundred fresh students annually entered the homœopathic colleges of the United States, and as every practitioner of homœopathy ought to be a student of its *materia medica*, he conceived that here lay the first need to be supplied. Now came the physician's turn, and for his wants it was that the *Repertorial Index* had been planned. It had been maintained to-night that, before this was made, the "raw material" of the *Cyclopædia* should be cast into schema form. He could not agree with this view. His contention had always been that the schematizing of the original provings, with the view of making them available for reference, had spoilt them as means of learning *à priori* the action of the drugs. This error, probably unavoidable at the time, we were able to rectify now; we had given us the text in consecutive and intelligible form, and now nothing was required but an index to it. The schematic principle would come in here, as regulating its order, and he could not think that it had any other application. This was his answer to Dr. Burford, who found his *cicuta* symptoms more readily in Allen than in the *Cyclopædia*. Doubtless he did, because in Allen they are already cast in index form; but he could not so well study *cicuta* there. When the *Repertory* is com-

pleted, he will be able to *find* the symptoms as readily in the one as in the other. As regards the President's suggestion, that works presenting a picture of the total action of each drug were more useful than these narratives of proving and poisoning, he fully recognised the usefulness of such manuals, and had indeed contributed to their number; but he regarded them as introductions to and comments on the *Materia Medica* itself, to which all should go forward. Then, as to the *Index* itself. To Dr. Goldsbrough's inquiries he answered that it *would* refer to the pathology, in the sense of the morbid anatomy, of each poison, denoting this by a "P.M."; but that it would not contain interpretations, only facts. He could not agree with Dr. Blackley that the "boiling down" of the text prior to indexing should exclude all symptoms produced by dilutions above the third. The compromise arrived at in the inception of the work made the sixth dilution the limit, and only excluded symptoms of higher attenuations than this when they were unsupported by observations with the lower. We must abide by this arrangement in *Index* as in *Text*. Nor could symptoms in smaller type be excluded, as very often this distinction showed only the inferior rank of the drug, not the dubiousness of the provings. He feared also that Dr. Blackley's suggestion as to giving extracts, sound as it was from a literary point of view, would involve too much extra space to be practicable. Finally, he explained to Dr. Cook that "clinical symptoms," in homœopathic literature, meant, not collateral pathogenic effects of drugs when given as medicines to the sick, but symptoms of their maladies which had disappeared while the medicines were being taken. He concluded by thanking the members for the kind way in which they had spoken of his exertions in respect of the work now before them.

ON THE TREATMENT OF PNEUMONIA.

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THE unusual prevalence of, and great mortality arising from, pneumonia render this a peculiarly appropriate time to review the means which are being generally adopted to promote recovery from it. The most recent contribution to the study of the treatment of this disease is furnished by a paper read before the members of the British Medical Association, at Bournemouth, last August, by Dr. Coupland, of the Middlesex Hospital,

and as this physician is, jointly with Dr. Sturges, the author of the standard work on Pneumonia—and I may add one of the most interesting and instructive essays in the medical literature of the last few years—we may safely regard him as a trustworthy exponent of the highest therapeutic attainments so far reached by the non-homœopathic members of our profession. I propose then, in the first place, to see what these attainments are, and endeavour to estimate aright their influence on the course of disease. In the second place, I shall discuss the remedial measures which have been suggested by reliance on the homœopathic law of drug selection.

As the grave character of the mortality returns of pneumonia alone induces me to draw attention to it, I will, by way of preface, set forth what these have shown since Oct. 17th of last year in the metropolitan district. From the official returns I have compiled the following table :—

Week ending Oct. 24th, 1891	Pneumonia	80	—	Pleurisy	8
„ „ „ 31st „	„	104	—	„	4
„ „ Nov. 7th „	„	91	—	„	7
„ „ „ 14th „	„	97	—	„	5
„ „ „ 21st „	„	109	—	„	9
„ „ „ 28th „	„	139	—	„	4
„ „ Dec. 5th „	„	137	—	„	3
„ „ „ 12th „	„	100	—	„	5
„ „ „ 19th „	„	97	—	„	2
„ „ „ 26th „	„	131	—	„	8
„ „ Jan. 2nd, 1892	„	253	—	„	9
„ „ „ 9th „	„	246	—	„	5
„ „ „ 16th „	„	285	—	„	3
„ „ „ 23rd „	„	317	—	„	7
„ „ „ 30th „	„	255	—	„	7

It thus appears that upwards of one-third more deaths have occurred from pneumonia during the five weeks ending the 30th of January, than had happened during the previous ten weeks. Within the same period all disorders of the respiratory organs have been largely in excess of their ordinary number. Bronchitis, as might be expected, has the largest share in this contribution; for probably under this head are included a considerable proportion of cases of that very fatal disease in childhood—broncho-pneumonia.

The following table represents the mortality returns of the disease of the respiratory organs (London):—

For the week ending October 17th, 1891	...	...	237
" " " " 24th "	...	...	286
" " " " 31st "	...	...	270
" " " November 7th "	...	...	329
" " " " 14th "	...	...	370
" " " " 21st "	...	...	394
" " " " 28th "	...	...	414
" " " December 5th "	...	...	449
" " " " 12th "	...	...	348
" " " " 19th "	...	...	337
" " " " 26th "	...	...	558
" " " January 2nd, 1892	...	...	1317
" " " " 9th "	...	...	1084
" " " " 16th "	...	...	1248
" " " " 23rd "	...	...	1465
" " " " 30th "	...	...	1192

Not only do these returns reflect the prevalence of disease, but they appear to me to indicate also the prevalence of very imperfect means of controlling it. They cannot at any rate be regarded with complacency by the therapist, and imperatively demand a reconsideration of the weapons with which the great body of medical men arm themselves to resist the attack pneumonia makes on the lives of their patients. To such re-consideration I will now address myself.

What, we must at the outset enquire, is the nature of the disease constituting pneumonia? It may be regarded as a fever with a local manifestation of inflammation in the air cells of the lungs. "It occupies a middle place between the specific fever and local inflammations, and has something in common with both." (Sturges and Coupland, *On Pneumonia*, p. 373.) This fever commences generally with a severe rigor, followed by heat of skin, a rapid increase of temperature, cough, with viscid blood-stained expectoration, pain in one side of the chest, great frequency of respiration and in the pulse beats. In typical cases of a favourable type, where no medicinal treatment has been employed, this fever suddenly ceases, profuse sweating occurs, the temperature falls rapidly, and the other phenomena of disturbance gradually diminish in intensity from the 4th to the 8th day from the initial rigor. Occasionally this "crisis" is fallacious;

after a few hours the temperature again rises, and the other symptoms resume for a time their previous sway. "Veritable crisis, the signs which betoken the turn of the disease and the safety of the patient, can never be safely predicted until the face takes part. . . . The sudden change of expression, which indicates the very hour when the fever departs, is perhaps the most striking of all the phenomena of pneumonia." (Sturges and Coupland, *op. cit.*, p. 59.)

The advent of the initiatory rigor is contemporaneous with the first or hyperæmic stage of the disease, this being followed, in a few hours, by the commencement of that of red hepatisation, the completion of which and the beginning of that of resolution of the exudation occur with the rapid development of real crisis. Anatomically, we have at first a state of blood-stasis followed by an exudation of plasma into the air vesicles, the moulding of which creates consolidation, while its removal constitutes the stage of resolution.

Pneumonia is, we are told, a disease that tends to recovery, provided the sufferer is placed comfortably in bed in a warm room, and supplied with nourishment such as he can assimilate with ease. Such a course as I have briefly sketched is that followed in cases of this kind. Variation of this course, and complications of the disease itself, are, of course, numerous; to neither the one nor the other is it necessary to refer on this occasion.

As I have shown, there is a marked coincidence between the duration of the fever and the degree and extent of local inflammation. Hence the primary object of the therapist should be to adopt measures calculated to abbreviate this fever. This was the object sought by the physicians of forty years ago, and during the previous two centuries by venesection. Happily it is now generally agreed that this method has "no rational basis"—a fact for asserting which Hahnemann incurred more obloquy from his contemporaries than he did for drawing their attention to the therapeutic rule of drug selection—*similia similibus curentur*. Unhappily, however, Dr. Coupland declares* that "we have yet to meet with means whereby we can hasten the occurrence of the crisis." In other words, medicine, as taught in our

* *British Medical Journal*, Sept. 26, 1891, p. 692.

medical schools to-day, is unable to suggest the adoption of any measure which will shorten the course of pneumonic fever. "Theoretically," he says, "it might appear feasible that we should be able from our resources to influence the course of the disease—to prevent, for instance, the stage of pulmonary engorgement from passing into that of hepatisation—but for my own part I do not hesitate to say that no sufficient proof has yet been afforded of any such powers to arrest or abate the pneumonic process." Then he says, "As illustrations of methods, which have for their avowed object the subduing the intensity of the lung inflammation, mostly by their sedative and depressant action on the circulation, may be cited the use of such drugs as *antimony*, *aconite*, and *veratria*. These have been, and some are still being, strongly advocated; but it is surely not determined that any one of them has produced such an effect on the general course of the disease as to justify the routine employment of remedies that are powerful for evil as well as good." The force of this conclusion is, however, much impaired by the admission which follows:—"I have no right to criticise their employment, since I have never felt justified in prescribing them, at least in doses sufficient to produce any marked effect." Upon this I would remark that Dr. Coupland is perfectly correct in regarding *antimony*, *aconite* and *veratria* as "remedies that are powerful for evil as well as good." *Quantum venenum, tantum remedium*. It is the business of the physician to utilise the power that such remedies have "for good," and to prevent the exercise of that which they possess "for evil." This he does when he recognises the difference between a medicine prescribed on an antipathic basis and one chosen on account of its homœopathic relation to the disease, the progress of which it is desired to arrest, by seeking not to produce the physiological—or, more correctly speaking, the pathogenetic action of his remedy—but its specific power, by using it in such a dose as will not only not "produce any marked effect" of its "sedative and depressant action," but any effect of the kind, and employing only that which is curative; the therapeutic and not the physiological dose.

Then again, Dr. Coupland objects that satisfactory evidence of the value of these remedies would need a large number of cases, and necessitate the inclusion of

patients of every age, of the feeble as well as the robust, which, as he says, "would be hazardous in the extreme." Here again, the want of appreciation of a therapeutic principle is but too apparent. There are doubtless cases of pneumonia in which neither of the medicines he names would be adapted to abort the disease. But the same principle which originally directed the attention of the profession to *aconite* as being capable of limiting the development of the pneumonic fever in the majority of cases, will direct him to others which are competent to control it in those to which it is not adapted. The variability in the intensity of pneumonia at different periods is another objection mentioned as likely to vitiate the statistical results of any line of treatment. If by "line of treatment" is meant the routine adoption of one or two remedies, this is doubtless true; but, on the other hand, if that part of any line of treatment which relates to the use of drug remedies is based on a rule of drug selection, and not on individual medicines, this objection cannot be maintained. Then, it is argued, the solution of the question—can a given line of treatment shorten the period of the disease and diminish mortality—is rendered impossible by the length of time which would be occupied before a reliable result could be obtained. If such an argument as this were to weigh with therapeutists it would put a stop to all therapeutic enquiries in the future. It is also held by Dr. Coupland that the conduct of a therapeutical experiment would necessarily entail neglect of individual cases. As I have already said, this might be correct if, like Dietl's experiments, one batch of cases were treated with one remedy, and a second with another; but when it is a method of drug selection that is tested, one where medicines adapted to each case are employed in harmony with this rule of drug selection, there is not only no neglect of individual cases, but individualising is one of the characteristic features of the enquiry.

Dr. Coupland then proceeds to point out what he considers to be a rational line of treatment. He gives up all hope of being able to exert a direct influence on the course of the disease, and therefore he urges his hearers to direct their attention to sustaining the strength of the patient, while he goes through a process of disease

they are powerless to check. "It is plain," he writes, "that one main line of treatment must be that which affords nutriment in a form easily assimilable, and given with a sufficient frequency to maintain strength whilst the febrile process lasts." But, in reply to this reliance upon affording nutriment as a main line of treatment, we may quote the words of the essay on Pneumonia, of which, jointly with Dr. Sturges, Dr. Coupland is the author. There we read: "The power to swallow food, and much more to retain and assimilate it, is wont to disappear very early in acute illness, and when the needs of the body are sorest . . . the mere insertion of food into the mouth does not insure nutrition or promote vital force. The ability to receive food as such is absent." (P. 388-9.) As a part of the treatment, the giving frequent supplies of easily assimilable food, where it is possible to do so, is of great importance. Moreover, when by a suitable medicine the fever is controlled early in the illness, this is much more easily accomplished than when it continues entirely unrestrained.

As "a temporary food," Dr. Coupland lays stress on alcohol. The definition of "a food" given by Liebig,—that, viz.: which exerts "neither a chemical nor peculiar action over the healthy frame," entirely excludes alcohol from any claim to be regarded as such. It is in truth neither more nor less than a drug—a drug often of great utility in saving life, one frequently capable of assisting in the prolongation of life, but not in the sense that milk, beef juice, cocoa and the like do. Its administration, says Dr. Coupland, must have reference "to the signs of exhaustion and cardiac failure." Limited to these the occasional advantage of the temporary stimulation of the heart by alcohol is at least conceivable. Personally, I never remember seeing a case of pneumonia in which it was necessary. The illustrations of the use of brandy, given in the book from which I have frequently quoted, do not indicate any advantage from its use, or suggest its limitation to cases of cardiac failure. For example, on page 163 there is the report of a case where the patient, a young married woman, with consolidation of the upper portion of the left lung, her pulse 140, the respirations varying from 50 to 72, and the temperature a little over 104° F., was, on the seventh day of her illness, "quiet, and not delirious," her tongue moist

and furred. She was given *ammonia* and *chloric ether* and three ounces of brandy in the day. On the next day, the eighth, she became delirious. Her delirium increased during that day, brandy being perseveringly administered both by mouth and rectum; she entered an apparently dying state, and then suddenly recovered, recognising her husband, her pulse falling 80 beats, and respiration dropping from between 72 and 99 to 60, and the temperature from 104° to 100°. Was there no connection here between the three ounces of brandy given on the seventh day and the delirium which set in on the eighth? Does it not appear as though the brandy had postponed the crisis from the seventh or eighth day to the ninth, and so rather added to than subtracted from the danger of the patient? In the very next case (page 164) the patient, when admitted, "wandered when left to himself, but answered questions rationally." Four ounces of brandy were given from the commencement. The night after admission he became "actively delirious."

All recorded experiments with alcohol, such as those of Edward Smith, Marcet, Ogston, Percy, Chambers, and others, point to it as exercising such an influence on the brain, when given in physiological quantities, as to create delirium, and such an alteration in the blood as to render it less vitalised, too venous, and retaining too much effete matter; while its effect upon the respiratory process is to diminish the power and increase the rapidity of the respirations. A drug which displays its power in this manner, however valuable it may be in keeping the heart going in an hour of special peril from failure, is not one calculated to help a patient out of a pneumonic fever, or to sustain his strength during the critical period of the inflammation. We fail to see on what grounds such free administration of brandy in pneumonia, save under extremely exceptional circumstances, can be regarded as rational. While it has none of the properties of a food, it is only too well calculated, by reason of the cerebral excitement it engenders, to set up that state of delirium which it is so important to avoid.

Dr. Coupland further regards the antipyretic treatment as a distinct advantage in pneumonia. In order to carry it out he prefers the application of cold to the use of drugs. In applying cold he has

had most experience in the use of "cold compresses, which were recommended by the late Professor Niemeyer." As a matter of fact, I believe that long ere Professor Niemeyer wrote, cold compresses, as well as wet packs, had been recommended and used by Priessnitz. That such applications are useful and well fitted to reduce both fever and local inflammation I do not doubt, and in the early stages of the disease are more useful than poultices. The plan of Dr. Lees,* to which Dr. Coupland alludes, of applying an ice bag to the chest, has been found to be useful, not only in arresting the local inflammatory process, but also in reducing the fever. The chief objections to the employment of cold compresses, or ice-bags, or the wet sheet consist in the discomfort they occasion and the possibility of collapse if not removed immediately before the occurrence of crisis.

Of drugs, which are regarded as "antipyretics"—*quinine, salicin, antipyrin, acetanilide, phenacetin*, and similar agents—Dr. Coupland says that they are not without risk to the cardiac power from the necessity which appears to exist to administer very large amounts before any appreciable impression can be made on a fever so refractory as that of pneumonia. The danger from the use of these drugs, independently of any advantage being obtained from them, arises from the necessity of using a physiological dose in order to reduce the temperature, and so reducing the strength of the heart; the preservation of which is especially important. *Quinine* in small doses Dr. Coupland regards as the safest, but he very wisely expresses his "preference for the treatment by cold to that by anti-pyretic drugs."

To meet the pain of pleurisy, counter irritation, three or four leeches, or a hypodermic injection of *morphine*, are said to be of service. The two former have been found useful, and in the absence of less disturbing and more effective measures are comparatively harmless; but the injection of *morphia* is certainly undesirable and mischievous. It is so in two directions, first, by the influence it is likely to exert upon the brain, and secondly, by what Mr. Meredith, of the Samaritan Hospital, calls "its restraining influence on the processes of absorption." It is these processes of absorption that need all the encouragement we can give them, and they cannot fail

* *Lancet*, 1889, vol. ii., p. 890.

to be influenced for ill by the paralysing power of *morphia*. Venesection, Dr. Coupland regards as "distinctly indicated, and may be freely performed with benefit when there is great involvement of lung, and the dyspnœa and cyanosis, together with the physical signs of such wide implication and of a labouring right-heart, are present." The mere fact of the presence of dyspnœa and cyanosis as indications of an extensive area of inflammation most certainly do not call for venesection; and it is more than doubtful whether they are relieved by it. On the other hand, where dyspnœa and cyanosis are distinctly traceable to an overloaded right-heart of impaired power, a small bloodletting might conceivably assist in gaining time for other and more directly curative measures to act upon the lung. Much, however, to be preferred to it is the inhalation of oxygen, to which Dr. Coupland next alludes. This is certainly as hopeful a method of stimulating the heart and lungs as modern medicine has as yet availed itself of under such circumstances.

This, then, represents the modern method of treating pneumonia. Venesection as a routine measure is abandoned. Blistering, save slightly, is no longer general. Leeches are reduced to three or four, and are now only applied occasionally. *Antimony* in nauseating and depressing quantities is not heard of, and the water gruel diet of former days is equally unknown. In the place of these measures we find as much assimilable nourishment pressed on the patient as he can be induced to take. Brandy, ordered with incomprehensible frequency. Cold compresses, or ice bags, to the chest. Hypodermic injections of *morphia*, and in cases of a degree of gravity that renders assistance almost hopeless, venesection or the inhalation of oxygen. "In other words, the treatment of pneumonia is the treatment of its symptoms. It is the mode of placing the patient in the best conditions for enduring a disease whose pains, duration, and special dangers are approximately foreseen, in the belief that by so doing the chances of recovery, be they more or less, are sensibly increased." (Sturges and Coupland, *op. cit.*, p. 406.)

This proceeds from a conviction, which appears to be as deeply rooted as the experience of physicians who are guided in selecting medicines by homœopathy has again

and again proved it to be erroneous, that *the initiatory fever of pneumonia cannot be checked, and that the pneumonic process cannot be influenced by drugs.*

In 1852, the late Professor Henderson carried out an enquiry which demonstrated that such conclusions as these were mistaken. The essay in which he presented the results of his investigations he read when presiding over the congress of homœopathic practitioners assembled in Edinburgh in 1852; he subsequently published it in the 10th volume of the *British Journal of Homœopathy*, and also gave an abstract of it in his book entitled *Homœopathy Fairly Represented, in Reply to Homœopathy Misrepresented by Dr. Simpson.*

He had full details of 47 cases, and very nearly full of 3 others, the majority of which occurred to M. Tessier, the physician to the Hôpital Beaujon, in Paris, and the remainder to himself. He analysed the progress of each, and contrasted the results with those obtained by Dietl, of Vienna, in his three groups of cases treated by venesection, tartar emetic and nursing, without medicinal or other interference—by what is termed “expectancy.”

The febrile disturbance, as indicated by the pulse, he found to have been at an end in cases that were bled, in 11·1 days from the initiatory rigor; in those treated by tartar emetic, in 9·2 days; in those by expectancy, in 9·1 days; and in those treated homœopathically by himself and M. Tessier (the patients generally having come under treatment on the fourth day of the fever) in 8 days from its commencement; while in 16 instances, where the patient came under care on the second day, the fever had disappeared on the sixth day.

In a book published by Dr. Yeldham, forty years ago, entitled *Homœopathy in Acute Diseases*, there are reports of eight cases of pneumonia occurring in previously healthy persons.

Age		Duration of fever when first seen.		Fever ended.	
86	1 day	...	8rd day of illness.
21	4 days	...	6th „ „
81	1 day	...	4th „ „
48	1 „	...	4th „ „
Adult	4 days	...	6th „ „
15	1 day	...	8rd „ „
88	8 days	...	5th „ „
88	8 „	...	5th „ „

The four following (recorded in the same book) were cases of pneumonia, occurring in persons more or less broken down in health. One had had an attack of "inflammation of the chest" from which he had recovered under the care of another practitioner only a fortnight previously; another was a hard drinker, and had a short time before suffered from *delirium tremens*.

Age.		Duration of fever when first seen.		Fever ended.
50	...	... 8 days	...	5th day of illness.
45	...	... 2 "	...	5th " "
81	...	... 2 "	...	5th " "
40	...	... 2 "	...	4th " "

Both sets of cases show a distinctly shorter period of febrile disturbance than that usually met with, a difference which can only be ascribed to the means used by Professor Henderson, M. Tessier and Dr. Yeldham.

That the pneumonic process can be abbreviated is still more strikingly shown by Professor Henderson's research. He computed the duration of each case from the date of the first symptoms of the inflammatory fever to the cessation of all local physical signs—to the complete resolution of the hepatisation.

Treated by venesection the average duration was 35 days.

"	"	tartar emetic	"	"	"	28.9	"
"	"	expectancy	"	"	"	28	"
"	"	homœopathy	"	"	"	11.66	"

"These facts," wrote Professor Henderson, "present not only a triumphant and irrefragable testimony to the positively remedial powers of homœopathy, but they likewise prove, I think, that it cures and saves life in a different way from that in which unassisted nature does in this disease; it tends to cut short the disease by preventing exudation, or restraining it within very narrow limits, both of extent and degree. Consolidation may indeed take place under homœopathic treatment, but that it does not consist in any considerable amount of exudation into the air cells appears from the rapidity with which it vanishes. Within an average of four days after the cessation of the fever the whole of the local disease was gone."

In the work of Drs. Sturges and Coupland, from which I have quoted, the authors say the majority of cases are well in three weeks. Had we the opportunity of striking

an average derived from the majority and minority added together, it seems probable that the duration of the illness would be found to be much the same as that in Dietl's cases treated expectantly, viz.: 28 days.

These facts assure us that the pneumonic fever can be controlled, and the pneumonic process can be shortened, by the use of small doses of medicines which, when taken in physiological quantities by persons in health, produce a febrile disturbance of a similar type, and an exudation into the air-cells of the lungs like that found to constitute the pneumonic process.

Briefly, then, I will notice the chief of these.

Aconite.—Used in large cardiac-depressing doses this drug is doubtless detrimental to a patient suffering from the pneumonic fever. When, on the contrary, the tenth or hundredth of a drop of the pure tincture only is given every hour or two, there is no medicine which more surely aborts it. Equally valuable, given in the same way, is it well-known to be at the outset in the fever of all local inflammations. One of the most reasonable and practical experiments proving this is recorded by Dr. Burnett in his striking little book—*Fifty Reasons for being a Homœopath*. Being one of the resident medical officers of a parochial hospital near Glasgow, Dr. Burnett had a special ward for receiving children in a febrile condition, drafting them off to the ward appropriated for the disease to which the febrile state of the child was sympathetic, when this declared itself. At the time of which he writes, "feverish colds and chills" he says, "were common enough just then." "I had," he continues, "some of Fleming's *tincture of aconite* in my surgery, and of this I put a few drops into a large bottle of water and gave it to the nurse of the said children's ward, with instructions to administer it to all the cases on the one side of the ward as soon as they were brought in. Those on the other side were not to have the *aconite* solution, but were to be treated in the authorised orthodox way, as was theretofore customary. At my visit next morning I found nearly all the youngsters on the *aconite* side *feverless*, and mostly at play in their beds; one had measles, and had to be sent to the proper ward. The others remained a day or two, and were then returned whence they had come. Those

on the non-*aconite* orthodox side were worse, or about the same, and had to be sent into hospital—mostly with localised inflammation, or catarrh, measles, &c.” This went on with similar results for some time, when both sides of the ward had the *aconite* solution, until Dr. Burnett left, and “the result of this *aconite* medication for chills and febriculas was usually rapid defervescence, followed by convalescence.”

How truly did Hahnemann, writing in the preface to his Proving of *Aconite*, say that “in the so-called inflammatory fevers” it “helps quickly and without *sequelæ*.”

The Cyclopædia of Drug Pathogenesis gives, in the records it contains of experiments with and of poisonings by *aconite*, abundant evidence of its power to produce all the symptoms which usher in pneumonia. Hence it is homœopathic to this stage of the disease, and being so it is not given for the purpose of depressing and of lowering the power of the heart, but rather that it may be regulated, consequently the dose must not be a physiological but a therapeutic one.

Bryonia.—The urgency of the fever having been abated, the hurried respiration, “stitch in the side,” dry cough, or cough with a little viscid expectoration, will be best met by this medicine, one often advantageously given alternately with *aconite*, and in a similar dose. The experiments which have proved *bryonia* to give rise to symptoms like those of pleurisy are many. Thus Dr. Landermann, one of the Vienna provers, says, his “chest was very sensitive, with stitches on the left side of it on inspiration during the whole forenoon.” Again, he felt “short but violent stitches in the right side of the chest, obliging him to hold his breath.” These, and symptoms of oppressed respiration, cough, hard and painful, frequently recurred in the course of the experiments of the Vienna Society. They indicate very clearly the place occupied by *bryonia* in the early stages of pneumonia, and especially of pleuro-pneumonia.

Phosphorus is a medicine, the homœopathic relation of which to pneumonia in the fully-developed stage, both in subjective symptoms and physical signs, is well marked during life in cases of poisoning by it, and the character of the lung destruction effected by pneu-

monia is equally well resembled in their *post-mortem* appearances. The symptoms which especially call for it are considerable dyspnœa, rawness and burning in the chest, painful cough with viscid blood-stained expectoration. In cases, too, where depression of the nervous system is conspicuous, where mental wandering or delirium are present, it affords valuable assistance. Thus in the exhaustion which sometimes follows the sudden crisis of pneumonia it is of great service. Dr. Fleischmann, of Vienna—whose experience in the treatment of pneumonia was very great—valued *phosphorus* more than any other medicine, and for some years gave it to every case after *aconite* had been taken for twenty-four hours.

Tartar Emetic.—The experiments which have been made with this substance demonstrate that it occasions a condition resembling at first bronchitis and later pneumonia. The *post-mortem* appearances in fatal cases of poisoning with this salt are chiefly those of lobar engorgement. Majendie, in his experiments on dogs, found the lungs in all instances of an orange, red or violet colour, destitute of crepitation throughout, gorged with blood and in some parts hepatised. Lepelletier, who obtained similar results in like experiments, says: “One would imagine that, admitting its action on man to be similar, so far from being useful its administration would be particularly pernicious in pneumonia, but it is not so, for instead of favouring engorgement of the lung it promotes its resolution.” This, however, can only be expected when the dose is that appropriate to develop specific action. How injurious a homœopathic remedy may be when given in a physiological dose, is the lesson taught by the experiments of Dietl and the practice of Rasori.

It is when pneumonia is complicated with bronchitis that *tartar emetic* is so useful. In the broncho-pneumonia of children, after the pyrexia has been subdued by *aconite*, there is no medicine so well adapted to meet the local disorder as this. In œdema of the lung equal reliance can be placed upon it.

The complications of pneumonia are much less frequently met with when the original disease is treated homœopathically than when it is allowed to progress unimpeded by medicine, or where the patient has been

plied with brandy, or dosed with large amounts of so-called antipyretics. Still, we are all liable to meet with them. The delirium, if not held in check by *phosphorus*, will need such medicine as *agaricus*, *stramonium*, *hyoscyamus* and *belladonna*, the cue to the choice of one of them being taken from the similarity of the hallucinations, delusions, and manner of the patient to those which characterise the delirium manifested by the drugs. In the event of parotitis setting in—so significant of a fatal issue, and so indicative of a septic condition—no medicine holds out greater promise of usefulness than *crotalus*. The experiments made with this virulent poison, and the results of fatal accidents consequent on bites by the serpent, point to it as homœopathic to pneumonia in typhus, and to that occurring in broken-down constitutions, or where there is a suspicion of gangrene.

The results which have followed the treatment of pneumonia with the measures I have named by physicians in all parts of the world for the past sixty or seventy years, abundantly justify their more general adoption; still more do they do so when no other direct means of influencing either the fever or the exudation are known, or, indeed, sought for; while, when these two facts are considered in connection with the enormous mortality to which pneumonia has given, and still gives rise, the testing of them at the bedside becomes a duty imperative on all physicians, whose sole object is to do all within their reach in order to save life. The neglect of such measures, in the face of their proved therapeutic importance, when in the presence of so fatal a disease as pneumonia, can never be justified by an appeal to what has been aptly termed, "professional policy."

Grantham, February 12th, 1892.

HIGH v. LOW POTENCIES.*

By A. SPEIRS ALEXANDER, M.D., C.M.

"No, sir, I seldom use anything lower than the CM." Such were the words that greeted my ears one evening last July, while travelling on board a Pulman sleeping

* Read before the Western Counties' Therap. Soc., Feb. 5th, 1892.

car between Cincinnati and St. Louis. At once I was on the alert, as for some time I had felt greatly interested in the subject of high potencies, and was anxious to obtain information as to their use. I had frequently read narratives of cures alleged to be effected by their means in the American periodicals, but had been inclined to regard them as more marvellous than credible, and, in fact, only swallowed them *cum magno grano salis*. It always appeared to me that there was an element of romance about such accounts, and that, while the results vouched for were much to be desired in practice, the means employed seemed so entirely inadequate to the end alleged to be achieved, that the latter ought to be attributed to some adventitious circumstance, rather than to those means. The marvellous, however, is always more or less attractive, even to the medical mind; and it was perhaps on this account that I had felt desirous of at least putting these transcendently high dilutions to the practical test, if not of emulating the results claimed for them. With the object then of gaining a little practical information on the subject, I speedily joined myself to the speaker from whose lips the sentence above quoted had fallen, and found him to be a fellow disciple of Hahnemann, and professor in the Homœopathic College of St. Louis. An interesting and instructive conversation ensued, in the course of which I learned from my new acquaintance that he had during his first years of practice used only low potencies, but, becoming dissatisfied with their effects, he had gradually gone higher and higher, till, at length, it had become his routine practice to give the C.M. in almost every case. To my enquiry as to what advantage the higher have over the lower dilutions, he replied, that if the lower failed when indicated, the higher preparation of the same drug would cure; and if the lower cured, the higher would do so also, but more quickly and thoroughly. It is unnecessary to detail more of our conversation here. Suffice it to say that what has been stated is a fair sample of the testimony received from others of our American brethren whom I had the privilege of meeting, all of them who used the high potencies being enthusiastic as to their results. I may, however, be permitted to refer to one other interview, to wit, with Dr. H. C. Allen, of Chicago, editor of the

Medical Advance. He gave me the following account of his conversion to what he would call true Hahnemannianism, but which some might justly enough style hyper-Hahnemannianism, seeing that the disciples seem to have got a good deal farther on than the master. Dr. Allen had been for years practising the ordinary Hendersonian homœopathy common still to the majority of our school—that is, using low dilutions, alternating medicines, and employing local applications. One day a gentleman came to consult him for a serious form of ophthalmia. The patient had already been for some time under the care of another homœopathic practitioner without obtaining any benefit. Dr. Allen now tried his hand, according to his usual mode of practice, with the drugs apparently indicated, given in low dilutions, and supplemented by different kinds of eye-washes. In spite of perseverance on these lines, the patient became steadily worse, the eyes becoming as bad as they could possibly be, and sight totally lost. Being unable to do more for the sufferer, Dr. Allen sent him to New York, there to consult Carroll Dunham. Three weeks later the patient walked into Dr. Allen's office perfectly well, his sight restored, and not a vestige of inflammation remaining in his eyes. In reply to the enquiry how he had been cured, he said he didn't know, but produced some powders from his pocket which Carroll Dunham had given him. Of these he had received eight or ten, with directions to take one, and then wait till any improvement noticed had ceased, when another was to be taken, and so on. He had only used three or four, the remainder not being required. Dr. Allen immediately packed up his grip and started for New York, to learn from Carroll Dunham the secret of his success. With him he spent a fortnight, receiving information as to the use of high potencies, and the method of individualizing cases, and returning home armed with a case of 200ths. These he began to use cautiously and tremblingly, but with growing success, only to be surpassed by still higher dilutions, which he learned by experience to employ, and with them to emulate the success of his teacher.

With these introductory remarks, I now pass on to the more practical consideration of the subject before us. One of the first questions that presents itself is—What is the *raison d'être* of high potencies, and what

advantage do they possess over low dilutions? If we were invariably successful with the latter, there would be no necessity to seek any other means of cure. But how often has it not been the experience of most of us, that what has appeared to be the closest possible similar to a given case, and administered in a low dilution, has failed entirely in accomplishing what was expected from it? To what circumstances can such failures be attributed? Two such circumstances suggest themselves. First, aggravations not infrequently follow the exhibition of a strong dose of the true *simillimum*, particularly in hyper-sensitive patients, and it is matter of history that this experience was perhaps the chief cause which led Hahnemann to gradually reduce his dosage, till he had reached the 30th centesimal dilution for his ordinary practice. Such aggravations, however, are usually temporary, and do not necessarily frustrate, though they may postpone, the ultimate cure. Were this the only objection to the use of strong preparations, it might therefore be passed over; but a second, and perhaps more cogent explanation of their frequent failure to effect cures, though well indicated, is that some such preparations are, from lack of adequate subdivision or organization, practically inert.

Before going further, however, in the consideration of this subject, it seems necessary, in order to arrive at any apprehension of the *modus operandi* of dynamized, or potentized drugs, to refer briefly to Hahnemann's teaching as to the nature of disease. He has shown that disease is not, as some of our forefathers believed, a material entity in the body, nor yet necessarily the result of certain *materies morbi* that have to be eliminated from the system by means of material, ponderable, physiologically acting drugs. All diseases, he maintains, result from a perversion of that *vital force* which governs our bodies and regulates all our functions. "During the healthy condition of man," he says, "this spirit-like force, animating the material body, rules supreme as *dynamis*. By it all parts are maintained wonderfully in harmonious vital process, both in feelings and functions, in order that our intelligent minds may be free to make the living, healthy, bodily medium subservient to the higher purpose of our being."*

* *Organon*, Section 9.

Again, he says, "In sickness, this spirit-like, self-acting (automatic) vital force, omnipresent in the organism, is alone primarily deranged by the dynamic influence of some morbid agency inimical to life. Only this abnormally modified vital force can excite morbid sensations in the organism, and determine the abnormal functional activity we call disease."†

How then is this deranged vital force to be corrected? An accident has occurred. The train of life has got off the rails. How is it to be got on again, so that the journey may be happily and safely resumed? Not, as in material railways, by any material process answering to screw-jack and lever, but by immaterial, imponderable agencies resembling the vital force itself in being unseen in operation, but not less potent than unseen.

"Our vital force, that spirit-like dynamis, cannot be reached nor affected except by a spirit-like (dynamic) process, resulting from hurtful influences of hostile agencies from the outer world acting upon the healthy organism and disturbing the harmonious process of life. Neither can the physician free the vital force from any of these morbid disturbances, *i.e.*, diseases, except likewise by spirit-like alterative powers of the appropriate remedies acting upon our spirit-like vital force, perceiving this remedial power through the omnipresent susceptibility of the nerves of the organism."

How, then, is that dynamic agent, which is necessary to correct the disturbed vital dynamis, to be obtained?

There are no doubt certain degrees of disturbance which can be successfully met by ordinary crude drugs, or their low dilutions, given according to the law of similars; but there are also other degrees that demand drugs whose finer or farthest reaching effects can only be obtained by dynamization, in other words, prolonged trituration, or succussion, and dilution. What those degrees are can only, I believe, be ascertained by individual experience. At the same time, those who, from long experience in the use of the highest potencies, are entitled to express an opinion, seem to consider that, when accurately selected, these almost always act more satisfactorily than the low dilutions. Be that as it may, there are undoubtedly cases in which high dilutions

† *Ibid*, Section 11.

succeed after the same drug in low dilutions has failed. In such cases the only explanation that can be offered seems to be that attenuation, or minute sub-division, has elicited some power that was lacking in the cruder form of the drug. A familiar example of this phenomenon is to be found in the *lycopodium*, the spores of which are well known to be inert, while, when triturated and attenuated, the drug becomes one of the most efficient where indicated. Who can say when the limit of elicitation of such latent powers has been reached? Clinically, if we accept the evidence of experts on the subject, it has not yet been reached, some of them claiming to have had cures by the millionth centesimal dilution.

Under what circumstances then should the highest dilutions be employed? I answer, first, after the failure of the well indicated low dilution; and, secondly, where a drug is so accurately indicated that there can be no doubt whatever as to its being the true *simillimum*, in which case a single dose may often, as I hope to show, be sufficient to effect a radical cure.

I now proceed to adduce a few cases that have occurred lately in my practice, as illustrating some of my own personal experience in the use of the higher attenuations.

The first of these is one in which the ordinary low dilutions proved entirely inefficacious.

CASE I.

Miss G., æt 60, was attacked on 25th November, 1891, by epigastric pain and vomiting, attended by marked hepatic congestion. In a fortnight this attack yielded to such remedies as *bryonia*, *merc. sol.*, and especially *hydrastis*. The first time she went into the sitting room after her recovery, however, she appeared to take cold, and a cough, accompanied by slight expectoration, began.

There was no pyrexia, no pain, and no physical signs in the lungs. The cough gradually increased, râles appeared on both sides, gradually creeping down to the bases, and the sputa became purulent and nummular. A rise of temperature also now occurred at night, to about 102°, with a pulse of 120. The tongue became much coated, and there was great physical prostration. In spite of treatment by such remedies as *hepar*, *phos.*, *merc. sol.*, *ippecac.*, *carbo veg.*, &c., in the lower dilutions, the condition became rapidly worse. The lungs seemed

entirely clogged with purulent exudation, very little being brought up, apparently from want of power to cough, and what has been described by some as paralysis of the lungs seemed impending. The temperature about this time (19th to 22nd December) came down under *aconite* 1x. Still there was no corresponding amelioration of the lung symptoms. The respirations were over 40 per minute; pulse from 120 to 130, and beginning to get jerky and tripping; the tongue quite dry, with red tip and brown centre; both lungs still full of phlegm, and crackling râles all over, right down to bases, much resembling the crepitus of pneumonia during resolution.

A typhoid condition was fast approaching. I had about come to the end of my tether therapeutically, so far as ordinary remedies were concerned, none of those that seemed indicated doing any good. Under these circumstances I determined to give high potencies a trial.

A careful review of the symptoms, having regard more especially to the purulent and nummular character of the sputa, led me to *silica*, as most closely resembling the case.

On the morning of the 22nd December, I accordingly gave a dose of the 1m. dilution of that drug dry on the tongue, and mixed about a dozen more globules in water, a teaspoonful to be given hourly. At 9 p.m. I saw the patient again, and to my satisfaction, found that the whole aspect of affairs had begun to change for the better. The pulse was quiet and steady at about 110, the tongue quite moist and cleaning, and the sputa, instead of being hard, nummular, adhering to roof of mouth and to the bottom of the spittoon, were now fluid and easily expectorated. The lungs were still full of râles.

Next morning I found that a good night had been passed, and the condition was still improving. The same medicine was continued every two hours, and by evening, not only were all the distressing symptoms still farther yielding, but the râles had considerably diminished. For the next few days, *silica* was continued, the patient remaining much *in statu quo* till 27th December.

A new symptom now appeared, namely, frequent hot flushes, followed by copious perspiration and intense prostration. There was no rise of temperature, but the

pulse went up to 120 again. Evidently then, *silica* had covered only part of the case, and a fresh prescription was now called for. The choice appeared to lie between *sanguinaria* and *merc. sol.*, and the former being selected,* a single dose of it in the 1m dilution was given on the tongue, followed up by *sac. lac.* every two hours. The effect was soon manifest. The following night passed without any flushing or perspiration, and consequently there was much less prostration. The improvement thus gained was continued till January 1st, when there was a return of the night sweat, but in less degree than formerly. The cough persisted, with a good deal of muco-purulent expectoration, and râles were still heard down to the bases. A dose of *merc. sol.*, 1m., was therefore given, and, like the previous medicines, proved successful, the flushing and perspiration ceasing entirely, never to return. For the next few days there was little change, except some gain of strength, the cough, however, persisting. The main features of the latter were irritating paroxysms of cough from time to time, often worse at night, and attended by much loose rattling in the trachea, but with very scanty expectoration. These symptoms pointed pretty clearly to *ipêcac.*, and a dose of that remedy in the 1m. dilution was therefore administered. In a few hours the chest rattling ceased, the cough began to subside, and, ere long, the râles entirely disappeared. For several days after this—6th to 10th January—one dose of *ipêcac.* was given every morning, followed by *sac. lac.* every two hours, all the chest symptoms clearing up *pari passu* with its exhibition. Thereafter this patient convalesced steadily, and is now quite well. This case affords a very good example of the power of infinitesimals to cope successfully with a grave malady, and, in a few hours, to change the condition from one of imminent danger, to one of steadily advancing recovery, to snatch the sufferer from the jaws of death itself, and to restore her to a life of health and usefulness.

CASE II.

Mrs. B., æt. 54, first seen, 16th September, 1891. This patient had for years been very subject to rheumatism, was rather stout, and frequently complained of

* Given because patient was sitting propped up by pillows, to enable her to breathe, and face much flushed.

cardiac distress, such as to suggest the probability of fatty infiltration of the heart.

When called to her, I received the following history:— While spending the month of August at Weston-super-Mare, she had frequently been exposed to wet and stormy weather, and on one occasion, during heavy rain, drove for several hours in an open carriage, the result being a heavy cold. Ever since then she had been much distressed by pain in the cardiac region. The heart felt as if bulging outwards, or as if compressed by a heavy weight. The pain radiated all over the chest, and was accompanied by palpitation, fluttering, and gasping for breath, so that patient had to sit up in bed to get breath, her general condition being manifestly that of cardiac asthma, though no valvular lesion could be detected. There was also an irritating cough, without expectoration, and evidently of a reflex character.

The patient received for this condition *cactus grandus* 1m., in water, a dessertspoonful to be taken every hour till relief was experienced. The following day I saw her again, when she assured me she had passed the first quiet night she had had for several weeks, the cardiac distress and all its attendant symptoms having entirely ceased. The cure seems permanent, the patient having been seen repeatedly since then, and there has been no return of her trouble up to the present time.

The following cases, though less acute, were no less instructive and satisfactory in result:—

CASE III.

Early last July, Mr. D., æt. 30, consulted me on account of vesicular eczema of the groins, scrotum and penis. *Croton tig.* 6 was prescribed, and under this treatment he gradually improved, the eruption eventually disappearing. I saw no more of him till the following September, when he returned with the following statement: After the eczema got well, a sore place had appeared on the glans penis, and at the same time an old-standing gleet, contracted prior to his marriage (which had taken place a year previously), had entirely left him. An examination of the penis revealed a sore, having all the appearance of a soft chancre, about the size and shape of the little finger-nail, and situated at the side of the frœnum. Impure intercourse subsequent

to marriage being emphatically denied, the only explanation of the presence of chancre that suggested itself was that a former one may have been suppressed by local treatment, giving rise to eczema, and that, the latter having been cured by its *simillimum*, the chancre may have re-appeared. It will be observed that this theory bears out Hahnemann's teaching as to the consequences of treating venereal diseases by local measures, thereby only obscuring instead of eradicating them, and sowing the seeds of constitutional ailments in their place. With this warning in view, I determined to steer clear of all local methods, and to endeavour to effect a cure by means of internal treatment alone. The patient was therefore directed simply to wash the affected part several times a day with a little warm milk and water, and received seven powders, the first being *merc. sol.* 1m., and the remaining six, *sac. lac.*

The following week he again presented himself for inspection, and a marked improvement was noted. The same prescription was repeated, and in another week the chancre had greatly diminished in size. A third time the seven powders were given, and when they had all been taken the sore had entirely healed. Thus, three doses of the indicated remedy effected a radical cure of this case in three weeks' time. There has since then been no recurrence of either eczema or gleet.

CASE IV.

Mr. H. T. A., æt 48, a gentleman of typical nervo-bilious appearance, applied for advice, on 24th September, 1891, for the following symptoms:—Loss of appetite and faintness on getting up in the morning; after breakfast, sinking at epigastrium, and sensation of impending syncope. The bowels usually act during forenoon, after which the faintness is again experienced. By about 1 p.m. the latter decreases, and appetite returns; after dinner, much drowsiness and depression lasting for the remainder of the day; and in the evening pressive frontal headache.

For this condition, which seemed to indicate sluggish action of liver, *bryonia* 30, 4 *tis horis*, was prescribed.

On October 2nd the patient, who lived at a distance, wrote that there was now much less morning faintness, the head was better, but there was still much heaviness and

pressure on the stomach after dinner. Three doses of *phos.* 1 m., were now given, but that this prescription was a mistake the sequel proves. On 12th October he wrote that he had not felt nearly so well since taking the last medicine. The faintness had returned, the bowels had become inactive, there was an increase of heaviness, distension, etc., after food, and the evening headache was troublesome. The patient therefore received *nux. vom.* 1 m., night and morning, preceded by one dose of *sulphur* c.m. On the 23rd of the same month I received the following report:—The powders had at first greatly aggravated all the symptoms, whereupon patient had ceased taking them for a day or two. He then began again, and soon was greatly relieved from all his distresses. The only discomfort remaining was some feeling of fulness in the stomach after dinner, as though the food had not all digested. *Sac. lac.* only was therefore given; but on November 6th patient wrote that there was still a great sense of weight at the epigastrium for some hours after dinner. On this account one dose of *lycopodium* 1 m. was sent, and some time afterwards he wrote to say that this had completed the cure, and that he was entirely restored to health.

It has doubtless been observed that, in the cases hitherto narrated, the medicines were given with more or less repetition, varying from a dose every hour or two to only one per diem, or one per week. The frequency of repetition was regulated according to the severity or urgency of the condition, the interval being increased as the symptoms declined. This practice was in accord with Hahnemann's teaching that the dose is to be repeated at intervals determined by the acuteness of the disease. It should be administered, he says, "in the most acute diseases at intervals varying from one hour to five minutes."*

There are other cases, however, chiefly of the sub-acute and chronic character, in which frequent repetition is unnecessary, and here the Hahnemannian rule is that the dose is only to be repeated when the remedy first given "*ceases to produce improvement.*"† As long then as the first dose appears to be still acting beneficially, it is not to be repeated; and there are cases where a single

* *Organon*, Section 247.† *Ibid*, Section 248

dose of the *simillimum* is able to impart sufficient impulse to the deflected vital force to restore it to its normal pathway, and thus render it capable of correcting that disturbed equilibrium of the system which we know as *disease*. Of such cases I offer the following somewhat striking examples :—

CASE V.

Early in the October of last year, Surgeon-Captain M., of the I. M. S., came on a visit to me. This gentleman had been invalided home on account of a severe attack of malarial fever, contracted during an expedition against the Chins in Upper Burmah. For some time after his return home he had suffered from recurrences of the fever every three weeks, and latterly from severe supra-orbital neuralgia. The attacks of the latter were characterised by their clock-like periodicity, coming on regularly about 11 p.m. every day.

The morning after my friend's arrival I found he had hardly slept all night, having been kept awake by neuralgia. In the hope of relieving him, I administered a single dose of *cedron* 1 m. on the tongue. The following night, to use his own expression, he "slept like a top," and from that date there has been no return either of malarial fever or of neuralgia.

CASE VI.

Mrs. S., æt. 59. First seen 7th September, 1891. For the last year patient had been suffering from persistent pain at the epigastrium, inducing frequent and severe paroxysms of cough. The latter was accompanied by much expectoration of thick phlegm, but the most noteworthy feature was that each fit of coughing ended with the vomiting of a considerable quantity of bright blood, partly frothy and partly in clots. Patient could hear a bubbling sound in chest before the vomiting occurred, and also complained of an almost constant taste of blood in the mouth. She thought she really coughed up the blood, and that this occasioned vomiting at the same time. She had been losing flesh, had night sweats, and was very anæmic. Examination of the lungs revealed but few physical signs, those of tuberculosis in any of its stages being entirely absent. No tumour could be detected by palpation and percussion over the gastric

area, nor was there any local tenderness suggestive of ulcer of the stomach.

It was impossible then to prescribe for this case on any pathological basis, and it was therefore necessary to fall back on the symptomatology alone.

The epigastric pain, vomiting, and hæmorrhage, naturally suggested *ipêcacuanha*, and accordingly a few globules of this drug in the 1 m. dilution were administered on the tongue, the patient being then dismissed with a prescription for *sac. lac.*, a dose to be taken thrice daily.

On the 17th September patient returned, and reported that there had been no hæmorrhage since her first visit. The pain at epigastrium was decreasing, and there was less cough. She now enjoyed her food, and thought she was no longer losing flesh. The night sweats persisted, and she was still very sallow and anæmic; continue *sac. lac.*

2nd October, no recurrence of hæmorrhage; cough almost gone, and very little pain remaining in stomach; colour improving, and some gain of flesh; *sac. lac.*

23rd October, no hæmorrhage; feels much better all round; cough entirely gone, and scarcely any pain remains; *sac. lac.* 9th November, no hæmorrhage, pain, or cough. Reports herself as cured, feels and looks well in every respect.

Here then was, I venture to state, a very striking example of the power of a single dose of a single remedy. A victim to a grave and advancing malady, which so far had resisted all treatment, and seemed likely to end in death, receives on a certain date four tiny globules of the indicated remedy, when lo! all her sufferings begin to abate, and without the administration of even one more dose her disease is healed and her health restored. Truly we have cause to rejoice in the possession of such a law of cure, and who can fail to trace its origin, in common with all the other laws of nature, to the all-wise and almighty Creator of the universe, who, if He has permitted disease, as the fruit of sin, to enter His fair earth, has also provided this marvellous means for its alleviation.

This paper would hardly be complete were I not to make some observations on the nature and claims of the dilutions employed in the foregoing cases.

Those given at the bedside were globules of the 1m. dilution, obtained from a firm of druggists in Chicago; the efficacy of whose preparations was vouched for by several practitioners in that city. The patients seen in my own consulting-room received prescriptions to be made up by the local chemist, who obtained his supplies from Messrs. Heath & Co., Ebury Street, London. The latter prepare their high potencies by means of Dr. Skinner's fluxion process. Those purchased in Chicago were produced by a similar method.

The employment of dilutions above the 200th being an advance on the practise of Hahnemann, who rarely used anything higher than the 30th, a corresponding advance in the method of preparation has been found necessary. The time requisite to prepare the 1m. dilution according to his directions would be so great that in all probability one could never rely on getting the potencies desired by that means. To illustrate this difficulty, I here quote a paragraph from a paper by Dr. Rhees, in the *Medical Advance* of October, 1891. The writer calculated that "a man in good health could make the 1m. in $4\frac{1}{2}$ days of eight hours each, by constant unintermitting labour, providing his arm held out. At the same rate, the CM. would require 416 days, and the MM. 13 years. The time in each case might be reduced by one-half by measuring the alcohol instead of dropping it. . . . Thus, the time required to raise one remedy from the tincture to the CM. potency by the quickest process, viz.: by measuring the alcohol instead of dropping it, is 208 days. To raise 200 of the most important remedies would require more than 132 years, and you would then have only a single drachm of each potency." To overcome this great obstacle of time, what is known as the "fluxion process" has been devised. This process consists, briefly, in allowing a stream of water to flow into a vessel containing a measured quantity of fluid, by means of a tube carried down to the bottom of it. Connected with this there is a clockwork mechanism, by means of which the vessel is rapidly filled and emptied a given number of times relatively to the potency required; and in this way the highest dilutions can be prepared in a comparatively short time. It will be at once observed, however, that whatever advantage this

method may possess in saving time, it can hardly be so accurate as the hand method. Calculations have indeed been made which show, or are alleged to show, that the dilutions prepared by the fluxion process are not really what they profess to be. Thus, it has been asserted that the CM.'s produced by Swan and by Fincke are in reality only equal to the 15,000th, if prepared by hand on the Hahnemannian centesimal scale. In view of the doubts that have been raised as to the true degree of attenuation of these drugs, it might be more satisfactory to employ only the hand-made preparations. In that case we would be certain that the dilutions were really what they were numbered, though, by this restriction, we could never go beyond the 200th, that, I understand, being the highest hand-made potency.

Be the fluxion centesimals what they may, however, they certainly have remarkable curative power. At the same time, I cannot say that lower dilutions—such as hand-made 200ths—might not have produced just as good results as those narrated above. In all probability, success lies not so much in the transcendental attenuation of the drug employed, as in the accuracy with which it is selected according to the law of similars. This is no easy matter. There is no royal road to it. It demands continual patient study of the whole *Materia Medica*, so that we may become so familiar with it as to be able easily to recognise each drug picture in the constantly changing panorama that presents itself to our view in our daily practice. There must, however, always be a certain proportion of such pictures that are hard to identify, and for the clue to these much repertorial search is necessary. Without such aid it would often be impossible to individualise certain out-of-the-way cases; but it must be borne in mind that repertories will not always infallibly guide to the true simillimum for a given case. They are, rather, useful in suggesting the remedies most nearly covering the case, but to differentiate between these the *Materia Medica* ought to be consulted. If failure result, the cause may, perhaps, be recognised in the improper “taking of the case,” though this will seldom happen if we bear in mind section 153 of the *Organon*, which directs that “the more prominent, uncommon, and peculiar features of the case are especially, and almost exclusively, to be considered and noted;

for these, in particular, should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure." The more strictly this rule is adhered to the fewer will be the failures.

Of repertories, one that I have latterly found very convenient and useful is *Guernsey's Bönninghausen*, which is, properly speaking, an index to the *Therapeutic Pocket Book* of the latter author. At the close of this paper I propose to give a short demonstration in the use of this valuable work.

And now, gentlemen, my task is almost done. If you have been interested in the subject I have, very imperfectly, brought before you this evening, if you think that our practice might be improved by adopting these methods more generally, and that we might thereby be strengthened in our efforts to relieve a suffering humanity, let me now seek your co-operation in putting them to the test as opportunity offers. Then, if we achieve success, the communication of our results to our medical brethren might induce them likewise, in increasing numbers, to experiment on the same lines, and thus what is now only mythical to many, might finally be reduced to the solid ground of hard facts.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime." The rules for mastering that art have been clearly laid down by the author of that sentence in his immortal work, the *Organon of the Art of Healing*; and in measure as we adhere to them shall we become proficient in the application of that God-given law, by whose aid alone we can expect to heal the sick, *tuto, cito, et jucunde*.

Plymouth, February, 1892.

HIGH DILUTIONS AND EAR DISEASE.

By ROBERT T. COOPER, M.D.

Physician, Diseases of the Ear, London Homœopathic Hospital.

IN a letter in the January number of this *Review* on "High *versus* Low Dilutions," I offered to bring forward cases cured by high dilutions; and challenged the production of ones of equal gravity cured by low potencies or material doses.

This I consider a perfectly fair offer, and am of opinion that if half the abuse that is freely levelled at those who dare to advocate the employment of high dilutions were in reality sincere, my offer to accept arbitration on the matter would be seized upon with avidity. In other words, if cases could be produced cured with low dilutions of a gravity equivalent to those that high potencies cure, they would be readily produced, seeing what strong feelings exist upon the subject.

At all events, I am entitled to look upon the matter in this light when the opposition fails to put in an appearance.

However, fortunately, it is not a personal matter, and I do not wish it to be. The question is simply a scientific one, and ought to be so regarded.

The department of medicine to which I have been so many years attached is one in every way favourable for the determination of the question of the dilutions. For in ear cases we have but few prominent symptoms, and our knowledge of the ear's diseases is dependent upon symptomatology to an extent greater than is the case with any organ of the body, and as homœopathy professes to deal with symptoms, and speaking broadly, with symptoms only, this is the organ upon which it should display its most brilliant successes.

This is the position I have always taken up, and this it is which I wish at the present moment specially to hold. It is my vantage ground, and I intend to occupy it until I am dislodged.

But whilst in theory I have never hesitated to acknowledge the applicability of homœopathic principles to the diseases of the ear, I have also frequently confessed that the results did not correspond with what were my reasonable expectations.

True, I have been fortunate enough during my tenure of office at the hospital to add to our number of aural remedies, and to improve in many ways the treatment of ear diseases, but I need hardly say that many others working in various parts of the world have in like manner contributed to improve this department of medicine.

But still many ear diseases remain uncured, and it is likely they will remain so if we do not adopt some more efficient method of administering our drugs.

Years ago, when speaking to the late Dr. Carroll Dunham, the celebrated American high dilutionist, he impressed upon me the need there was for giving more attention to the treatment of ear-diseases, and he also insisted upon the fact that they may be readily cured by homœopathy if only we proceed in accordance with Hahnemann's directions.

One might suppose that with testimony such as this, and with convictions in entire agreement with the principles of homœopathy, I would have been led long ere this to resort more frequently to the use of high dilutions for the treatment of aural cases. And indeed, as published records will show, I have very frequently, and in some cases with singular success, resorted to the prescription of high potencies. But I do not hesitate to affirm that in a large number of instances the results were uncertain and unsatisfactory.

As time went on, by singling out each case, and as far as possible confining myself to one remedy at a time, I have been enabled to familiarise myself with the actions of certain of our remedies, and have become assured as to the reality of their influence upon the ear.

Still that measure of improvement that was reasonably to be expected from a superior method of drug administration did not come.

The fault was not in the remedy, and assumption of structural and irremediable defects, *à la* allopathy, in the ear did not meet my views. The only possible inference was that the fault lay in the mode of administering the remedy.

But even here I was met by this fact, that in the case of other organs of the body, when, in former days, I introduced remedies for their diseases, as, for instance, *ferr. phos.* for diurnal enuresis, *sulphur* for neuralgia, *soda chlorata* for uterine diseases, &c., the most satisfactory results followed the prescription of the homœopathic remedy in low potencies, and I am greatly averse to resorting to the administration of doses and preparations of drugs that are so entirely beyond human comprehension, as are single doses of extremely high dilutions.

Nothing short of a very great measure of success—a success absolutely unattainable by other means—would justify the prescription of high dilutions, and whether

such success is possible or not could best be ascertained by an examination in the presence of medical men of different views of the patients treated. This is why I made the proposal to bring forward my cases, and to subject patients to examination who were willing to submit to it.

The single dose and interval method requires that remedial agents not only be administered in high dilutions, but that a long interval be allowed for the force represented by this dose to expend itself in the system, and some of the foremost observers declare that in no other way can we obtain the full effects of a selection truly homœopathic.

Whether this is so or not, each practitioner ought to settle for himself, but the determination of the question involves many difficulties, and I am sure it is not an exaggeration to say that there are not half-a-dozen practitioners in England who have even made trial of the practice.

The unfortunate fact is that the measure of success necessary to establish the superiority of high dilutions and single doses serves to deter practitioners from recording their experiences. The scientific mind shrinks from the marvellous, and the practitioner who gives publicity to cases that are altogether out of the ordinary run of things is distrusted both by the public and by his colleagues. The exhibition of the patient in a gathering of medical men ought to disarm criticism, but it does not; the practitioner engaged in the practice of general medicine does not want high dilutions with their single doses and intervals of rest; he can cure the ordinary run of diseases very fairly with oft-repeated doses and low dilutions. His interest flags when confronted with high dilution treatment. This must be taken as the rule, though it must not be supposed that in thus stating the case I ignore the fact that some of our most successful general practitioners have been warm advocates of the high potencies.

Whatever may be the reader's ideas upon the subject matters little to me; my concern at present is simply to state the plain fact that with single doses of high dilutions, and allowing considerable intervals between them, I have been enabled to restore the hearing in a more perfect and satisfactory manner than by any known

method of treatment. But that I may not be considered boastful, I prefer on this occasion to bring forward the work of another, and to comment upon it.

Dr. Carroll Dunham, in his *Science of Therapeutics*, pages 462-4, gives us this case of "Deafness cured by *mezereum*:"—G. W. W., aged 17 years, small but well-proportioned and of good constitution, healthy since his ninth year, has been deaf since he was four years old. When three years of age he had an eruptive disease of the whole scalp, which, after resisting for a year all the milder methods of allopathic treatment, was finally caused to disappear in the following manner:—A tar cap was placed upon the head, and when firmly adherent to the scabs, was violently torn off. The scabs came with it leaving the whole scalp raw. This raw surface was moistened with a saturated solution of *nitrate of silver*. The eruption did not reappear; but from that time the child was deaf.

"The condition of the youth now excites the earnest solicitude of his friends. His inability to move in society, or to get a situation in business, on account of his deafness, has produced a morbid state of mind. He broods over his infirmity, and secludes himself even from his own family."

Under these circumstances he applied to me to be cured of his deafness. His present condition is as follows:—He is unable to hear ordinary conversation, and has never heard a sermon in his life; a loud-ticking lever watch can be heard at a distance of three-and-a-half inches from either ear. On application of the watch to his forehead or to the teeth he hears it distinctly. Occasional buzzing noises in front of the ear. A physical examination of his ears reveals the following condition:—The external meatus is abundantly supplied with soft normal wax; the *membrana tympani* is white, opaque, and evidently thickened; when the patient attempts to inflate the middle ear (which he accomplishes with great difficulty by closing both mouth and nose, and making a forcible expiration), the *membrana tympani* becomes but slightly convex, and it is impossible to distinguish its distended blood vessels. There has evidently been a deposit in the substance of the membrane. On examination of the throat it appears that the orifice of the eustachian tube is free.

February 3rd, 1857. Patient received a powder containing three globules of *mezereum* 30 to be taken on retiring.

February 24th. Thinks he hears better; "every sound seems much louder than before." Hears my watch at a distance of four-and-a-half inches from the right ear, and four-and-a-quarter from left. *Sacch. lactis*.

March 1st. Has not improved during last week. *Mezereum* 30, three globules.

March 27th. Hears my watch with the right ear at a distance of ten inches, and with the left at a distance of fourteen inches. Hears ordinary conversation easily with attention. *Sacch. lactis*.

September 28th. Has been steadily improving till three weeks ago, when he became more deaf again, without apparent cause. *Mezereum* 30, three globules on retiring.

January 26th, 1858. Hears my watch at a distance of fourteen inches from the right ear, and twenty-four inches from the left ear. Deafness returns when he takes cold, but disappears with the cold. *Mezereum* 30, three globules on retiring.

March 19th. To his surprise, on going to the church, although seated at the extreme end of a very large building, he distinctly heard the whole sermon—for the first time in his life. On physical examination, the opacity of the *membrana tympani* is found to have disappeared, and its elasticity to have sensibly increased.

May 24th. Patient writes me that he has obtained, without difficulty, a situation in a store, and that he is no longer conscious of being deaf. His sole difficulty is that, as he has the reputation of being deaf, every body shouts at him. His father writes that his son's hearing is "perfectly restored."

This is Dr. Dunham's case, and his comments upon it will be found in the work from which it is taken.

My own idea of the case is this: Assuming the condition of the tympanal membranes to have been as Dunham described, this case could not possibly have been cured by remedies frequently repeated, whether in high or in low dilutions. And this I affirm, although I am now about to discharge a lad as cured from the hospital who has been deaf since three years of age, and had been pronounced incurable at the Soho Ear Hospital,

and who yet has recovered under moderately high dilutions.

A long experience in the treatment of ear disease renders me specially qualified to give an opinion on the subject, but besides this, in the May No. of this *Review*, 1869, I published a case of pityriasis capitis, where great irritation existed in the scalp and other parts of the body, and in which the patient's sight was much obscured, and which was cured with the third decimal dilution of *mezereum*; the parallelism between these cases being in many ways marked. So that the action of *mezereum* has for a series of years very particularly engaged my attention.

In conclusion, therefore, let me emphasise my deliberate pronouncement that very advanced forms of deafness and other ear-diseases require for successful treatment the prescription of single doses of high dilutions followed by intervals of rest, and that Carroll Dunham's case is not an exceptional one, and that I can produce several equally striking instances of the power of pure homœopathy properly carried out, at any meeting of medical men convened for the purpose.

A CORRECTION.

By DR. POPE.

I REGRET to find that in my article *On the Selection of Dilutions of Medicines*, I misapprehended Dr. Clifton's meaning in the quotation I made from his paper—"that attenuations of 30 and upwards are curative, when the medicine is homœopathic to the case, and oftentimes more efficacious and better to be relied on than others"—in so far as I referred to it as a conclusion derived from his personal observation. This was a mistake. The conclusion was not his, but that derived by him from, and described by him as the testimony of a considerable number of other practitioners. So far from their conclusions representing his opinion, Dr. Clifton writes to me that he is very sceptical about the curative power of medicine so highly diluted; and, as a consequence, rarely uses any remedy in a higher dilution than the 12th decimal, confining himself chiefly to fractional doses of the *matrix* tincture and to dilutions, seldom higher than the third decimal.

While I much regret my misconstruction of Dr. Clifton's paper, I am glad to be able to make the correction and to find that his experience as to dosage so closely corresponds with my own.

REVIEWS.

Materia Medica and Therapeutics, with especial reference to the Clinical Application of Drugs. By JOHN V. SHOEMAKER, A.M., M.D., Professor of Materia Medica in the Medico-Chirurgical College of Philadelphia, &c. Vol. II. of a Treatise upon Materia Medica. F. A. Davis, Philadelphia and London. 1891.

THE volume before us is the second of a work, the first of which occupied chiefly with the consideration of pharmacy and pharmacological processes, we noticed two years ago.

The present portion is an independent volume upon drugs. These are first of all represented as being separable into classes, the classification adopted being that arranged by Sir Alfred Garrod—and a tolerably extensive one it is—numbering no less than fifty divisions from hæmatinics to disinfectants. After a brief commentary upon the general features of each class, the individual drugs admitted into the *United States Dispensatory*, together with some of the most valuable of the new remedies, which have not as yet become officinal, are considered systematically and alphabetically. The more generally-known drugs are dealt with, by first describing the preparations of each and their doses, this is followed by an account of the pharmacology, the physiological action, the toxic symptoms of such as are poisonous, and the therapy of each, with an additional reference to any special applications to which the medicine under consideration appears to have been put. The section “Therapy” is, in many instances, illustrated by a number of *formulae* for mixtures, pills, and powders, some of which are sufficiently lengthy to rejoice the heart of the chemist and druggist, and to prove to all that simplicity in prescribing is still something to be looked forward to.

The remarks on the physiological action of drugs, though doubtless adequate to the purpose of the physician, who, directed by a pathological hypothesis, seeks for an antipathic remedy, are very insufficient to meet the requirements of the scientific therapist, who searches records of this kind to find a remedy which shall prove specific to the case for which he is prescribing. The influence upon the practice of medicine which the success of homœopathy has had in bringing the powers of drugs to bear upon disease, is fairly well marked, as it might be expected to be in a book of this kind, published in a city where homœopathy is so well known and so much appreciated as it is in Philadelphia, the “Mecca of American medicine.” Here, too, Dr. Bartholow—who drew so much of his inspiration from the writings of homœopathic physicians

—is, or was, a professor of *Materia Medica* in a medical college to which that where Dr. Shoemaker lectures is a rival. Here also lives Dr. Aulde, who of late has been diligently seeking the “bubble reputation” by appropriating, and publishing as original observations, the long since recorded results of the practice of homœopathically prescribing physicians, while at no great distance is to be found Dr. Boardman Reed, who, for several years, has been engaged in the same ingenious, if not altogether ingenuous, pursuit. We need not wonder then that such “pickings and stealings” from homœopathy are numerous. Some of the best known are introduced in a somewhat amusing manner. To mention homœopathy or homœopathic physicians in plain language would not be advisable! So, *arnica* we are told is “largely used by irregular practitioners as a remedy for sprains, contusions,” &c. After stating that *cactus* is claimed by Rubini to be a valuable cardiac tonic (*sic*) in doses of m i-v. three times a day,” Professor Shoemaker says: “It is a special favourite with a class of practitioners who prefer to drop about a certain number of drops of the remedy in about a certain quantity of water, of which about a teaspoonful may be taken in about so many minutes in order to work the most miraculous medicinal effects.” This is “about” all our author has to say “about” *cactus*! Of *lycopodium* he writes: “Sectarian physicians use it triturated with sugar of milk in minute doses for affections of the mucous tract, particularly dyspepsia, pyrosis, ileo-colitis, and for diseases of the urinary organs.” Evidently, Dr. Shoemaker has a great deal to learn about the therapeutic sphere of *lycopodium* before he sets out to delineate it for the edification of medical practitioners. Then one more specimen. “*pulsatilla*,” we are told, “has been used principally by irregular practitioners of German proclivities”! His modes of defining homœopaths are, like some American jokes—subtle!

The appropriations from homœopathic practice, one and all, show how very imperfectly useful a mere statement of the fact, that so-and-so has cured such-and-such a disease—even when originating in successful homœopathy—is, when made for the purpose of being clinically repeated. For example, the author says, and says truly, that *bichromate of potash* “has been used in chronic rheumatism and syphilis.” This is stated as though the peculiar characteristics of the chronic rheumatism, in which this *salt of potash* might be used with advantage, were of no consequence; and the type and stage of syphilis of no moment to the prescriber of it in specific disease. Dr. Shoemaker appears to have used the *potassium bichromate* in cases of these diseases in a promiscuous kind of

way, he has consequently had no success in its employment, and hence the verdict he passes is that in these conditions it is of "doubtful utility;" not recognising the connection which must subsist between drug and disease, he does not know in what case of rheumatism or syphilis to order it! The same error was made by Dr. H. C. Wood, when testing the value of *rhus toxicodendron* in rheumatism. He gave it to every hospital patient under his care for a certain length of time, utterly regardless of any similarity between the symptoms of the patient and those produced by the drug—this is looked upon by some as a demonstrated failure of homœopathy, instead of being, as it really is, a demonstration of Dr. H. C. Wood's incapacity to make a clinical therapeutic experiment.

For this reason many of the hints or "tips" given by Dr. Shoemaker, though genuine enough when used in suitable cases of the diseases named, will very often be found of no value, because of the absence of all knowledge on the part of the practitioner of how to apply them, knowledge which can only be obtained through a study of homœopathy. In the practical application of such hints or "tips" disappointment and indeed mischief to the patient will often arise from another source, viz.: over dosing. Dr. Shoemaker gives us an inkling of this in describing the therapy of *stramonium*. He writes: "In mania of an acute character, puerperal or other, the tincture should be given in decided doses every two to four hours *until physiological symptoms are manifested.*" (The italics are ours). Though probably more homœopathic to delirium than mania, such dosing as this would clearly be risky.

Though less interesting than Dr. Bartholow's work on the same subject, Dr. Shoemaker's doubtless, gives a good idea of the kind of teaching that is supplied to the American medical student, and shows that the American teacher of *Materia Medica* is not handicapped by any of that scepticism of the power of drugs to control disease, which is characteristic of the modern physician of the old school here in England.

MEETINGS.

LIVERPOOL HOMŒOPATHIC MEDICO- CHIRURGICAL SOCIETY.

THE usual monthly meeting of the above society was held in the Hahnemann Hospital, Liverpool, on Thursday, February 4th, Dr. Charles W. Hayward, the president, occupying the chair. There was a good attendance of members.

After the usual business of the society, a short discussion took place on the present epidemic of influenza. It had been noticed by several of the medical men present that children had been much more generally attacked than in previous visitations. The question of the infectious nature of the disease was also brought forward, and there was some difference of opinion upon the subject. The majority, however, agreed that the disease is highly infectious.

Dr. Blumberg, of Southport, then read a paper, which he entitled "Doctors and Patients, *fin de Siècle*," which we hope to publish in a subsequent issue. A discussion on the paper, with a cordial vote of thanks to Dr. Blumberg, terminated the proceedings.

PERISCOPE.

MEDICINE.

"SPERMATORRHOEA."—In a paper read at the last year's International Homœopathic Congress on this subject, Dr. Clifford Mitchell, of Chicago, points out that in the case of many patients who are making themselves miserable on account of supposed spermatorrhœa the "white matter" passed is devoid of spermatozoa, and consists of a deposit of urates and uric acid. When the sediment disappears from the urine the train of nervous and local symptoms vanishes. In other cases there are present spermatozoa in the day urine, together with numerous crystals. The irritation caused by the higher acidity of the urine, and of crystalline substances, acting on the prostate, urethra and neck of bladder produces erections, and easy loss of semen. Phimosis, varicocele, morbid processes in the rectum, and inflammation of the prostate and vesiculæ seminales being excluded, an easy cure will be effected by increasing the quantity of the urinary water. The paper also points out that there is not any necessarily excessive loss of phosphoric acid in urine containing spermatozoa. The contrary is frequently true.—*Hahn. Monthly*, Sept., 1891.

DISEASES OF CHILDREN.

THE INFLUENCE UPON THE CHILD OF MEDICAMENTS ADMINISTERED TO A NURSING MOTHER.—Dr. Schling has made a series of observations upon children to the mothers of whom various drugs were administered. If the infant was not put to the breast sooner than an hour after the administration to the mother of from thirty to forty-five grains of sodium

salicylate, the salicylate was found in the urine of the infant. At the expiration of twenty-four hours not a trace could be found. If the infant was put to the breast too soon after the administration of the drug, not even a trace could be found. The elimination of the medicament took place simultaneously in both mother and infant. Similar results were obtained with potassium iodide. In the infant the elimination lasted for seventy-two hours; in the mother, forty-four hours. At the end of twenty-four the mother's milk still contained potassium iodide. When potassium ferrocyanide was administered the reaction was evident in the maternal urine, but no trace could be found in the foetal urine. When iodoform was for a considerable time employed by topical application to vaginal and vulvar wounds in women in childbed, iodine was, as a rule, found in the milk and maternal urine, but not constantly in the urine of the foetus. The transmission of mercury to a nursing child through the milk is slight and may be irregular. The influence of the nourishment of the mother, that is the food ingested, appears to be *nil*. Nurses may with impunity be permitted to partake of acids (lemon, vinegar, &c.). Of narcotics, the ingestion of the tincture of opium, in doses of from twenty to twenty-five drops, has in some instances been followed by prolonged sleep on the part of the infant, while in others neither prolonged sleep nor constipation was observed. After the administration of morphine hydrochlorate, in doses of one-eighth, one-sixth, one-fourth, and one-third of a grain, nothing in particular was noted in the child. Chloral, in doses of from fifteen to forty-five grains, brought about sleep of moderate duration in the case of the mother, without any action upon a strong and vigorous infant. When atropine sulphate was administered in medicinal doses subcutaneously to the mother, dilatation of the pupil was observed in the infant, disappearing in twenty-four hours. In a large majority of cases the milk of a woman with fever has no influence upon her infant. Except in rare instances of grave illness in the mother, with a persistent temperature of 104° F., the infant does not present the symptoms of the mother. In a case of mammitis the passage of micrococci from the breast of the mother to the digestive apparatus of the infant has been observed.—*Medical News*, October 24th 1891.—*N. Y. Med. Rec.*, November, 1891.

ACUTE MILIARY TUBERCULOSIS AND MENINGITIS.—Dr. Reinhold (*Deutsche Archiv für klin. Med.*, 48, 1891) says that the irregularities in the technical curve without corresponding modification of the other symptoms in the typhoid form of acute miliary tuberculosis is, in doubtful cases, a point in

favour of tuberculosis and against typhoid. A considerable acceleration of the respiration usually precedes quickening of the pulse. The absence of splenic tumour is also a strong argument for miliary tuberculosis, as is also the presence of small crepitant and sub-crepitant râles here and there without dulness or souffle. In the broncho-pulmonary form the discovery of bacilli must not be relied upon for the diagnosis. It is better to seek for the origin of the disease in some local tuberculosis, infiltration of the apex, tracheo-bronchial adenopathy, or cheesy deposit in the kidney with purulent urine; all of which favour an acute tuberculosis. Tubercles of the choroid is only a late manifestation.—*Medical Record*.

CHOREA.—Out of a total of 18,074 children treated in five years at the polyclinic of the Charité in Berlin, Meyer found 121 instances of chorea, or a proportion of 6.6 per cent.; 11 of these cases (nine per cent.) were at the same time rheumatic; 8 had, along with their rheumatism and chorea, an organic affection of the heart; while 18 (ten per cent.) had chorea and heart disease without the rheumatism.—*Berliner klin. Wochens.*

TREATMENT OF RINGWORM.—Dr. Goldsmith writes to the *British Medical Journal* that, when all other remedies had failed to effect a cure in three cases of ringworm of the scalp, in his own family, he tried Dr. Illingworth's method with prompt success. The formula for this strong blistering fluid, one application of which its originator claims will cure an ordinary case, is as follows:—

R. *Hydrarg. biniodid* 3 ss.
Sal sodii iodidi (1 in 4) 3 ss.

A small portion of this is to be diluted with three parts of water, at the time of application. It is to be painted on with a camel's-hair pencil.

NOTABILIA.

DEATH OF MAJOR VAUGHAN-MORGAN.

It is with the greatest regret that we inform our readers of the death, on the 20th ulto., of the chairman of the London Homœopathic Hospital. Major Morgan had been out of health for a considerable period, and a month or two back went to Grasse in the hope that the climate there would prove sufficiently mild and soothing to enable him to recover. Unhappily, the anticipations of benefit which were indulged in have not been realised, and we have been much distressed at hearing that his rapidly increasing exhaustion, together with the nature of the disease which has occasioned it, left

but little hope of his restoration. The hospital never had a warmer-hearted or more generous friend and supporter than Major Morgan. His efforts to promote measures for its stability and efficiency were incessant for many years past, while the soundness of the judgment which inspired them is abundantly testified by its present financial position and the greatly enlarged sphere of usefulness which it occupies to-day. With Mrs. Morgan and friends, we, and all who knew the Major and valued his devotion to the propagation of homœopathy, most deeply sympathise in their bereavement.

DR. DRYSDALE.

WE are very much gratified to be able to state that Dr. Drysdale, to whose serious illness we referred last month, has so far recovered as to have been able in the early part of last month to leave home for a more genial climate than that prevailing in Lancashire at this period of the year. He has gone with several members of his family to Cairo, where we trust that his convalescence will speedily be completed.

As we go to press we learn that Dr. Drysdale's health continues to improve and that he has borne the fatigue of travelling well.

BATH HOMŒOPATHIC HOSPITAL.

It is proposed to enlarge the accommodation of the hospital, so as to provide more nurses and increased means of receiving paying patients. The estimated cost of this is £3,500, and this munificent sum has been given by Miss Jennings, of Queen's Parade, Bath. We heartily congratulate Dr. Percy Wilde and the Committee of Management on this timely help.

HASTINGS AND ST. LEONARD'S HOMŒOPATHIC DISPENSARY.

WE have pleasure in noticing in the 12th Annual Report of this Institution that the good work carried on by its officers continues to prosper. The visiting of patients at their own home must be a great boon to some of the poorest members of the community; 985 such visits were paid in 1891. The year's statistics are as follows:—

Medical and surgical cases	...	...	607
Ophthalmic cases	...	...	559
Dental patients	...	...	40
Patients visited at home	...	...	185
<hr/>			
Total patients	...	...	1,841
Total attendances	...	...	6,225

NOTES FROM AMERICA.

The Hahnemannian Monthly, for February, presents its readers with an admirable portrait of Dr. Dudgeon, together with an autobiographical sketch, written in that amusing style so well known to us all, and only to be accurately described by the phrase, "Dudgeon's own." The only event he mentions which, he says, is on other than his own authority, is the place and date of his birth, as to which he tells us that his "memory does not go so far back."

Dr. Dudgeon mentions the following tragical circumstance, which we do not remember to have seen published before. When at Leipsic, in 1851, with Dr. Drysdale, the late Drs. Russell and W. Hering, assisting at the unveiling of Hahnemann's statue in that city, he writes that "whilst the representatives of homœopathy were in full conclave in their hall, listening to a learned paper by Dr. Clotar Muller, they were alarmed by a loud explosion, quickly followed by a still louder one, proceeding from beneath the room. Naturally, the first idea was that this was a gunpowder plot devised by some allopathic Guy Fawkes, and intended to blow us all into the air. The actual fact, however, was not quite so sensational. Beneath our hall was a shop where fireworks were sold, two boxes of which had successively exploded, without doing any damage beyond alarming us and breaking a few panes of glass. There was in the shop a barrel of gunpowder, which, had it caught fire, would have blown us into smithereens. Had this happened, my memoir would have terminated here in a singularly effective manner, amid a grand corruscation of sky-rockets, squibs, Catherine wheels and Roman candles!"

* * * * *

The utter absence of the ordinary feelings of humanity on the part of physicians and surgeons who know nothing of homœopathy when called in to assist in saving life those who practise homœopathy, of which we had so many instances some years ago, has just been illustrated in Philadelphia—the city of brotherly love—in a manner which, happily, has had no parallel in England. "A dental surgeon," says *The Hahnemannian Monthly*, was administering *ether* to a patient, when serious symptoms suddenly developed. Finding that he needed advice and help, he sent a cab, with a competent messenger, to the nearest physician on whom he could rely, and who happened to be a homœopathist. The latter, however, was not at home. The messenger, knowing the necessity of having some one at once, then called upon a physician next door, and asked him to come at once. He refused, saying that Dr. — was a homœopath, and he would not have anything to do with either him or his patients!

"The most charitable view to take of this inhuman action is," continues our contemporary, "that the allopathic doctor did not know what to do to aid the patient; seeking an excuse for non-attendance, he chose to acknowledge himself a knave rather than a fool!"

* * * * *

Under the title of a "Santa Claus Reception," the Committee of Management of the Philadelphia Hahnemann Hospital, during the week after Christmas, held a somewhat novel variety of the ordinary bazaar. The business assigned to the different committees appointed to carry it out give some idea of the attractions employed to draw dollars—veritable "metallic tractors." Thus, one arranged "the reception," another the "decorations," another the "printing," others the "café," "cake and confectionery," "housekeeper's table," "basket table," "clipping room"—we wonder what the business of the clipping room consisted in!—"entertainments," "literary salad" and "burlesque art gallery." A predominant holiday flavouring was furnished by a presiding Santa Claus, attractively filled Christmas trees, and a bright little daily paper appropriately called the *Mistletoe*. The reception was devised and managed by the Lady Managers of the hospital, who in spite of abominable weather, influenza that appeared universal, and the particular time of the year—every one's finances having just been ravaged by Christmas buying—succeeded in realising a profit of about \$2,000. Afternoon and evening entertainments were given in one of the lecture rooms, in which a stage, with drop curtain, foot lights, etc., had been constructed. Elsewhere in the building were located a *café*, booths for the sale of such articles as are handled by fairs ordinarily, a museum, a burlesque art gallery and an ice cream parlour.

* * * * *

We have learned with much regret from our American exchanges of the death of Dr. Dowling, of New York, at the age of 55. Dr. Dowling has for many years enjoyed a large and lucrative practice in New York. He was in 1870 appointed Professor of the Theory and Practice of Medicine at the Homœopathic Medical College of New York, and two years later he undertook the office of Dean. In 1881, Dr. Dowling was the President of the American Institute of Homœopathy, when this National Association met at Brighton Beach. He also held the appointment of Consulting Physician at the Ward's Island and the Flower Hospitals.

Not only was Dr. Dowling regarded as a highly cultivated physician of large experience, but he was felt by all who knew

him to be a very courteous, generous minded gentleman, whose society and friendship were valued privileges.

His two sons are each of them engaged in the practice of medicine, both being graduates of the New York Homœopathic Medical College.

* * * *

The Transactions of the Fourth International Congress, and of the Forty-fourth Session of the American Institute of Homœopathy, were intended to be issued on the first of last month. They will form a volume of 1,150 pages. After the members of the Institute and contributors to the Congress have been provided for, copies will be supplied to non-members at seven dollars each, on application to Dr. Franklin Smith, 264, Lenox Avenue, New York.

* * * *

Homœopathic Medical Colleges in Chicago appear to have been increasing of late; so much so that the *Medical Visitor* says that "Only two more are needed, one for women exclusively, and one for children, and then we shall be well supplied"!

STRYCHNINE POISONING.

The Homœopathic Recorder (Jan., 1892), relates a case of accidental *strychnine* poisoning, the victim being a medical man who had taken a dose of 2x trituration of the sulphate in mistake for the 4x. The report we append slightly abridged. The writer says: "The dose was taken hurriedly just before going out to make some afternoon visits, and after riding three blocks I was at a patient's door. Just as I had mounted a stoop of three steps a vertiginous waft seemed to go over me; it was as if that on which I stood had for a moment sunk under me. The door opened, and I entered readily enough. Suddenly, whilst talking to the patient, I felt a difficulty in speaking; I was conscious of being obliged to make an effort to articulate, and the obstacle seemed to be a rigidity of the lower jaw. This was soon followed by a difficulty in walking, as I found on attempting to resume my seat. Putting all these unusual phenomena together I said to myself, there is some mistake about that dose of *strychnia*. Ordering the patient to continue the last medicine, I left the house; and it required quite an effort to get out of the room without staggering. On walking to the buggy my legs felt as if the flexor tendons were contracted; extension was incomplete and difficult. My companion drove rapidly to my office, and on getting out of the vehicle it became evident that I could not walk without assistance. I could flex my legs well

enough but extension was extremely difficult. He had to assist me up the stairs, and a wearisome journey I found it. . . . I attempted to sit down on a stool for the purpose of reading. Over went stool and I, my body as rigid as a frozen fish, and my head striking both the window sill and the floor in the fall. By an effort I got to a sofa near by. I took two drachms of *tannic acid* in a little water, but it was with difficulty that I managed to swallow it. Then I told my son what had happened, and sent him for my friend Professor H. Before he arrived my speech had become very much embarrassed. The fault was in the rigidity of the masseter muscles when I opened my mouth. By firmly closing my jaws I could speak with much less effort, though I observed that I was obliged to utter each word deliberately.

"Before the doctor arrived I essayed to change my position on the sofa, when I was jerked as if a Leyden jar had been discharged in me. I felt an instantaneous pang in the sacral region, and my legs were suddenly flexed for a second. I soon learned a new aggravation from motion for *nur romica*, and my attention was wholly engaged in keeping myself motionless. The doctor took his bearings, and having learned that I had taken the *tannic acid* he prepared to give me a hypodermic injection of *chloral*.

"When the needle entered my forearm the involuntary jerk of all my extremities occasioned another spasm with a more painful sacral pang and a severer cramp of the legs.

"It was not long before I found that motion was not necessary to induce the painful clonic spasm; the mere *thought* of motion produced the explosion. The sensation at the moment of the explosion which produced the clonic spasm was peculiar; it seemed, almost, as if something had *exploded* in the sacral region, which jerked up the legs and then locked me wholly in stony rigidity. It was painful, but it was brief, and it had in it something more terrible than mere pain. It filled me with a peculiar fear; a fear of the body rather than the mind, if the reader can conceive of that difference. I grew to dread these 'explosions,' and to this day as I recall them the horror is fresh upon me.

"The clonic spasms increasing in frequency and severity, and now invading also the abdominal muscles, the doctor refilled his syringe and injected my other arm. My muscles had a marblelike hardness even when there was no spasm; my pulse was tense and hard, and I was feeling cold. A proposition to remove me to an easier sofa in my reception room filled me with intense dread of the unavoidable motion, and I begged them to desist; but it was needful that I should be moved and covered to guard against the fall of temperature.

It was nicely accomplished, but hardly was I 'fixed' than a mere flexure of one hand brought on a terrible clonic spasm, and the rigidity was slowly creeping up the muscles of my body; if it got high enough, and *lasted!*

"By this time it was very evident to me that the expenditure of force in the clonic spasms was quietly stealing my strength—where was the vigour of an hour before? I felt that I must take deeper inspirations, attempted to do so, and this induced another spasm. Evidently I must get along with as shallow an inspiration as possible. I did so, and soon found that air-hunger which led Grauvogl to class *nux vomica* amongst the *carbo-nitrogenoid* remedies. (Just observe the shallow respiration of the first chronic *nux* patient that you meet.) This privation of air appeared to add to my increasing weakness, and I felt that I was not competent for many more severe spasms. But I was fortunately nearing the time when the poison would have spent its force; and we soon found that the clonic spasms were decreasing in severity and that the intervals were lengthening.

"It was now half-past eight o'clock, and the doctor left me to get his delayed evening meal. I was feeling exceedingly tired, in fact, prostrated, and I sent for some brandy, and drank at once at least four ounces. Very soon my pulse showed a marked gain in force and fulness, and better still, every feeling of rigidity left me. I could breathe deeply, and I was filled with a most delicious feeling of rest. Food was brought me and I attempted to eat; but on opening my jaws to their utmost for a good bite, a spasm took place, not severe, but enough to postpone any farther endeavour to masticate. Half an hour later I ate, had a good smoke, and reviewed the situation.

"One thing was certain, I had broken the record in *strychnia* poisonings. Of all preceding, it is recorded that trismus is found to occur only at the very end of the poisonings. In my case it was first, a *quasi* vertigo, then the stiffening of the *masseter* muscles. Taylor, notably, has ruled out *strychnia* as a remedy for tetanus because in it the *masseters* are first affected, and as the reverse is said by him to occur in a *strychnia* poisoning, he makes that fact the differentiating feature between tetanus and *strychnia* poisoning. His position is untenable, for in physiological experiments one positive event is not outweighed by any number of negative; so this *corrigendum* may at once be noted in the toxicologies.

"Professor H. had gone strictly 'according to Hoyle' in administering the hypodermic injections of *chloral*, but I verily believe that had I to go through the experience again I would sooner trust copious doses of brandy. It must be

observed that the *chloral* did not seem to shorten the duration of the active poisoning in my case.

“The sense of utter relaxation that so quickly followed the taking of the brandy should also be borne in mind in estimating its value as an antidote for *strychnia*. If the reader has not the courage to trust the brandy alone in such a case, I would most urgently beseech him to supplement the *chloral* with brandy; he then has two efficacious agents, and the latter will guard and reinforce the overtaxed heart.

“The poisoning was followed by a night of refreshing sleep—in fact every fibre in my body was clamoring for rest—I did not stir from the position in which I fell asleep. But I awakened stiffer and sorer than Rip Van Winkle, and my forearms were adorned with a pair of *chloral* bracelets that gave me much suffering. They were swollen, hot, and threatened to end in abscesses. More than this, my abdominal muscles were so lame and sore that a vigorous sneeze would seemingly have blown me to pieces. Have you ever given *nux vomica* in a case of cough where the patient said it hurt his belly so to cough? If not, you cannot begin that salutary practice any too soon.

“It was a full week before I got around again. The soreness of the muscles gradually subsided, and I regained strength, and again put on the cart collar of practice.

“After this poisoning I noticed an unwonted sensitiveness of the heart to the depressing effect of tobacco. After a few puffs I became conscious of having a heart; I seemed to feel it rising and falling in my chest, and with this a vague, very vague, sense of impending dissolution—as if some dumb nervous system said, *The heart will stop*. Soon after these cardiac symptoms supervened I observed now and then a peculiar uncertainty in my locomotion, as if I were reeling. I have tested myself on the street by standing with my feet close together and my eyes shut to see if I would fall; and in my office I tested my reflexes; but always with pleasingly negative results. Still I had to curtail my smoking, and was generally suspecting some impending danger that I could not define. They were miserable days.

“On the evening of the twenty-first day after the poisoning, I had undressed and lain down, when I began to feel very strange. I was filled with apprehensiveness; something terrible was about to happen; my heart would stop. I examined my pulse; it was going as quietly as a child's. Oh, what was that! I sprang up in a curious fright—that old fright, or fear, of the body, not the mind. Again and again, at irregular intervals, that indescribable sensation

occurred, and that strange fear deepened into an awful anxiety. It seemed as if waves of tremor began at the periphery of the nervous system in radii, and these waves converged towards the heart, increasing in intensity as they grew near the heart, and when they all met, which they did rapidly, it was with a shot like an explosion; and with this culmination a most terrible feeling that death was imminent. For a time I dared not lie down, as these frightful sensations were worse and more frequent in that position. At length, by a supreme effort of the will, I lay down and slept.

“The next morning my usual matutinal stool was followed in two hours by a profuse and most peculiar diarrhoea. It was a mushy evacuation, and of a colour that I cannot describe. There was only one movement, but it emptied me.

“For several nights the strange converging tremors continued to annoy and alarm me, but they were by no means so severe as on their first occurrence; and on one occasion they were followed by a diarrhoea which was not so profuse nor of the peculiar colour of the first attack. Gradually the tremors faded away, and with their disappearance I have regained my usual tolerance of tobacco, and my usual health.

“For a few days before the first diarrhoeic movement my stomach had been extremely acid; unusually so, and I who say it am a gouty man, and acquainted with such conditions sufficiently to measure their intensity. I am led to couple this hyper-acidity with those curious converging tremors. Had an insoluble tannate of *strychnia* been dissolved by the *hydrochloric acid*, and were those tremors with their *quasi-explosion-feature* *strychnia* effects? Was that strange diarrhoea a *strychnia* catharsis, sweeping out some of the liberated poison? Had the *tannate of strychnia* been locked up in the liver, to be set free by the acid discharged from the stomach into the intestines, and thence continued to the liver by the biliary circulation? That an elimination was going on is apparent from the fact that with each diarrhoeic discharge the tremor sensations decreased, and that with the final complete elimination of *something* in me they completely disappeared.

“I believe that these final phenomena of my *strychnia* poisoning took place in the ganglionic nervous system, and there I locate that fear of the body, not the mind.

“If this description is vague, it is because of the difficulty of describing the sensation; and though vividly remembering it, I cannot depict it in words more plainly than I have endeavoured to do. If the horror attending it could be

depicted it would find its counterpart in the severest forms of hypochondriasis.

"I find that I have written, 'It seemed as if waves of tremor began at the periphery of the nervous system in radii.' I must qualify this assertion: I did not feel these 'waves of tremor' in the arms and legs; they were confined solely to the trunk. Perhaps, too, it would be nearer correct to say that their point of convergence was the solar plexus. The sort of 'shock' that attended their culmination brought with it the fear that the heart would stop, and this made it feel as if the total phenomena focussed in the heart. . . . This feature, the irregular yet *quasi*-rhythmic occurrence of the phenomena, is the point that the therapist should bear in mind as the 'keynote.'

"I have forgotten to mention that at the period when I became conscious of the cardiac disturbance from smoking tobacco, the heart itself felt *sore*. I say the heart itself, because the soreness was felt in the territory occupied by the heart. It was not an ache; it was a soreness. If it had set in immediately after the first active poisoning, it might be ascribed to the over-work of the heart, occasioned by the increased arterial blood-pressure. Occurring when it did, I cannot attempt to explain it; I shall remember it for use when I meet its counterpart in disease.

"As near as can be estimated, I took at least five-eighths of a grain of well-triturated crude *strychnia sulphate*, and followed this in about fifteen minutes with two drachms of *tannic acid* in solution."

CORRESPONDENCE.

HOMŒOPATHIC DRUG SUBSTITUTES.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Some years ago you allowed us to point out in your pages the difficulty then existing with regard to obtaining supplies of genuine *Spigelia anthelmia*. We regret to say that this difficulty has rather increased than diminished, and in place of the deadly drug with which the notorious Marchioness de Brinvilliers disposed of her numerous victims a spurious representative is offered in the market bearing the correct name, but against the use of which we desire to caution all whom it may concern.

A comparative description of the two drugs may serve the double purpose of preventing the further use of the spurious article, and of enabling those who use this medicine to detect the present existence of the substitute in question.

The following characters are readily distinguishable in the dried plants and the tinctures prepared therefrom with rectified spirit.

Spigelia anthelmia.

An annual.

Root.—Surrounded by thin hair-like fibres.

Stems.—One only arising from each root.

Leaves.—The last two pairs at the ends of the branches are inserted so closely together that they form a cross.

Tincture.—Of an intense green colour.

Substitute.

A perennial.

Root.—Surrounded by coarse thread-like fibres and showing plainly the remains of stems of former years.

Stems.—Several arising from one root.

Leaves.—The last two pairs at the ends of the branches are distinctly separated.

Tincture.—Of a light brown-green colour.

We may add that the genuine drug is expensive, while its representative is cheap.

Amongst other substitutions frequently met with we may mention *Aconitum cammarum* for *A. Napellus*; *Anthemis nobilis* for *Matricaria Chamomilla*; *Daphne laureola* for *D. Mezereum*; *Enanthe crocata* for *Cicuta virosa*; and *Rhododendron ferrugineum* for *R. chrysanthum*.

Yours faithfully,

E. GOULD & SON.

59, Moorgate Street, E.C.
February 15th, 1892.

To the Editors of the "Monthly Homœopathic Review."

Huddersfield, 10th February, 1892.

GENTLEMEN,—At the end of last year I sent the enclosed letter to the Secretary of the British Medical Association. Of course my request has not been acceded to, so I now forward the letter to you.

While doing this, allow me to express to you the delight with which I read, and the instruction I received from, the cases of Dr. Berridge published in your journal, and in the pages of the *Homœopathic World*.

The directions therein given for the selection of the remedies have been most helpful to me, and, doubtless, to many others; and when so selected the highest potencies prove marvellously effective.

Yours truly,

DAVID RIDPATH, M.D., C.M.

[COPY.]

"Huddersfield, 29th December, 1891.

"To the Secretary of the British Medical Association."

"DEAR SIR,—I herewith tender my resignation of membership of the B.M.A.

“ In doing so I am actuated by the following reasons :—

“ Since becoming a member of the Association (*post non propter*) I have, I am glad to say, come to know the doctrines taught by Samuel Hahnemann, now known as homœopathy.

“ This, to me, was a great happiness—to emerge from the gloom and darkness of the empirical teachings of the old and dominant school, and to be enlightened by the adoption of a *scientific* rule, viz., *similia similibus curentur*.

“ Also, I have not failed to note the attitude taken by the Association towards and the abuse levelled at those gentlemen who, in order to be distinguished from those not acknowledging the above beautiful law as a guide to their medical practice, are known by the name of homœopaths ; who, by the way, are all practitioners duly qualified at the medical schools of the dominant party, but who have been fortunate enough to have learned the better way.

“ We all, in our ignorance no doubt, have had the same feelings of intolerance towards those whom we in our darkness have considered heretics, but bigotry disappears with the spread of knowledge.

“ If homœopathy in your opinion is not true, why not let the subject be ventilated in the pages of your journal, and its practice put to the test in the hospitals ?

“ If it be false it will fall ; if true the benefits to mankind will be increased by its universal adoption.

“ There is nothing secret about homœopathy ; its rules and system are openly published, and to be procured easily and everywhere.

“ I cannot longer remain a member of an association which adopts such a narrow minded policy as the one by which it has hitherto been actuated.

“ You will oblige by publishing the above in your journal.

“ Yours truly,

“ DAVID RIDPATH, M.D., C.M.”

LIQUOR SODÆ CHLORATA *versus* POTASSIUM CHLORATE.

To the Editors of the “ Monthly Homœopathic Review.”

GENTLEMEN,—Some years ago, when in Southampton, I brought forward the *liquor sodæ chloratæ*—Larbarraque's solution—as being, in my own practice, simply specific in cases of sub-involution of the womb, where the womb had

imperfectly recovered the effects of parturition, and where back-ache and bearing-down were specially prominent symptoms.

On taking up the *Provincial Medical Journal* for last month, I find Mr. Lawson Tait strongly advising *chlorate of potash* for the same affection, his theory being that the *potash* is the efficacious agent.

This led to my writing to him and pointing out that he would find an article on the subject from me in the *Dublin Journal of Medical Science*, in (about) the year 1871. The enclosed is his courteous reply, and I shall be interested to know what will be the final conclusions of capable observers in the matter.

As far as we know of their actions, there is much similarity between the effects of *chlorate of potash* and of *liquor sodæ chloratæ*, the weak point about the latter being that it is so often made in a rough and careless manner, being used chiefly for disinfecting purposes; and, besides, the formula for its preparation has been subject to serious changes in the various Pharmacopœias. Still, I must say that I have used from time to time a preparation purchased casually at chemists' shops, as well as one guaranteed pure from the best wholesale houses, and have been equally satisfied with their internal effects.

In the collection of symptoms published in the *British Journal of Homœopathy*, which I collected chiefly from aggravations, the preparation made strictly in accordance with the B.P. was employed.

Very truly yours,

ROBERT T. COOPER, M.D.

8th February, 1892.

"DEAR SIR,—Thanks for your communication, which is interesting, but your conclusions are not in harmony with my own. Concerning the influence of *soda*, I certainly never tried the *liquor sodi chloratæ*, but *bromide of sodium* has no effect at all, whereas *bromide of potassium* certainly has. However, there may be some interesting discrepancies to be cleared up by experimentation.

"Yours truly,

"LAWSON TAIT.

"Birmingham, Feb. 4th, 1892."

NOTICES TO CORRESPONDENTS.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

We are requested to state that Mr. W. SPENCER COX, lately Senior Resident Medical Officer of the London Homœopathic Hospital, has commenced practice at 5, Campden Hill Road, Kensington.

Communications have been received from Dr. COOPER, Mr. W. S. COX, Mr. CROSS (London); Dr. A. S. ALEXANDER (Plymouth); Dr. PERCY WILDE (Bath); Dr. HUGHES (Brighton); Dr. E. CAPPER, Dr. SIMPSON (Liverpool); Dr. CLIFTON (Northampton).

BOOKS RECEIVED.

Consumption: How to Prevent it, and How to Live with it. Its Nature, its Causes, its Prevention, &c. By N. S. Davis, Junr., A.M., M.D., Professor of Principles and Practice of Medicine, Chicago Medical College, &c. Philadelphia and London: F. A. Davis. 1891.—*The New Cure of Consumption by its own Virus. Illustrated by Numerous Cases.* By J. Compton Burnett, M.D. Second edition, revised and enlarged. Philadelphia: Boericke & Tafel. 1892.—*Syphilis in Ancient and Pre-historic Times.* By Dr. F. Buret (Paris). Translated from the French, with notes by A. H. Ohmann-Dumensil, M.D. Being vol. i. of *Syphilis To-day and Among the Ancients*, in 3 vols., and No. 12 in the *Physicians' and Students' Ready Reference Series*. Philadelphia and London: F. A. Davis. 1891.—*The Chinese, their Present and Future: Medical, Political and Social.* By Robert Coltman, Junr., M.D., Surgeon in charge of the Presbyterian Hospital at Teng Chow Fu. Illustrated with 15 fine photo-engravings. Philadelphia and London: F. A. Davis. 1891.—*The Homœopathic World.* London. February.—*The Chemist and Druggist.* London. February.—*The Monthly Magazine of Pharmacy.* London. February.—*The Future.* London. February.—*The Bath Herald.* February 4th.—*The North American Journal of Homœopathy.* New York. February.—*The Chironian.* New York. January.—*The New York Medical Record.* February.—*The New York Medical Times.* February.—*The Journal of Ophthalmology, Otology and Laryngology.* New York. January.—*The New England Medical Gazette.* Boston. February.—*The New Remedies.* Boston. February.—*The Medical Era.* Chicago. February.—*The Medical Advance.* Chicago. January.—*The Homœopathic Physician.* Philadelphia. February.—*The Homœopathic Recorder.* Philadelphia. February.—*The Homœopathic Envoy.* Lancaster, U.S.A. February.—*The Southern Journal of Homœopathy.* New Orleans. January.—*The California Homœopath.* San Francisco. January.—*The Minneapolis Homœopathic Magazine.* January.—*Bull. Gén. de Thérapeutique.* Paris. February.—*Revue Homœopathique Belge.* Brussels. February.—*Leipziger Pop. Zeitschrift für Homœopathie.* February.—*Archiv. für Homœopathie.* Leipzig. January.—*Gazetta Medica di Torino.* February.—*La Homœopatia.* Bogota. December.—*Homœopatisch Maandblad.* February.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



THE LATE MAJOR WILLIAM VAUGHAN-MORGAN.

THE MONTHLY
HOMŒOPATHIC REVIEW.

CLINICAL CASES.*

By E. M. MADDEN, M.B.

MR. PRESIDENT AND GENTLEMEN,—I have very few words to say in introducing to you the cases, five in number, of which I am about to give you the history.

The reasons which make certain cases of special interest are manifold, but may be broadly divided into two classes, viz., pathological and therapeutical, using the latter term in its widest sense as embracing surgery, medicine and all the various means adopted to relieve suffering or cure disease.

I understand that of late certain of our body have expressed dissatisfaction at some of the papers which have been read here on the ground that they have not been purely, or sufficiently largely, relating to homœopathy; but against such an implied limitation of our province I must enter a strong protest.

So long as the doors of other Medical Societies are shut in our faces because we adopt the homœopathic system of drug selection, or, if by any oversight one of our body does gain admission to one of these societies, the secretary and committee take every means to prevent him reading a paper even on subjects not at all relating to therapeutics—just so long should we form a society

* Read before the British Homœopathic Society, March 3rd, 1892.

for the consideration of every subject embraced in the practice of medicine and surgery, *including* homœopathy, and thus set our opponents an example in open-minded catholicity, the absence of which we so constantly complain of in themselves, and we should carefully avoid restricting our work to the polishing one facet only (albeit the most important one) of our many-sided professional life.

Holding these views I feel that I need offer no apology for the fact that, in the cases I am about to read, two of them are of interest mainly pathological, two others pathological and surgical, and in only one is the chief interest due to the choice and effect of the drugs given according to our law of homœopathy.

CASE I.*

STRICTURE OF THE ŒSOPHAGUS, CAUSED BY ENLARGED GLANDS (? MALIGNANT) IN THE POSTERIOR MEDIASTINUM. WITH SKETCHES OF THE POST-MORTEM CONDITION.

Mrs. W., æt. 60. Father died from phthisis. Mother died from some liver disease. Nine in family, one only dead at 18, cause not known.

First seen October 8rd, 1891. Always enjoyed good health, except six years ago had an attack of dysphagia; was told it was indigestion, and got quite well in a few weeks, and kept well till three months ago. Since then has gradually increasing difficulty in swallowing. Four weeks ago went into University Hospital for 14 days, but was very much upset while there by the treatment from bougies; was once put under chloroform, but a bougie was never got quite into stomach.

Present Condition.—Is very thin, abdomen very flaccid; aorta very prominent, no tumour; lungs healthy; no obstruction in pharynx; has an enlarged gland in the right of neck; great dysphagia—about 1-2 minutes, after swallowing anything it returns with a good deal of mucus. P. 80. Nothing abnormal about chest. R. *ars. a.* 3x trit. t.d.s.

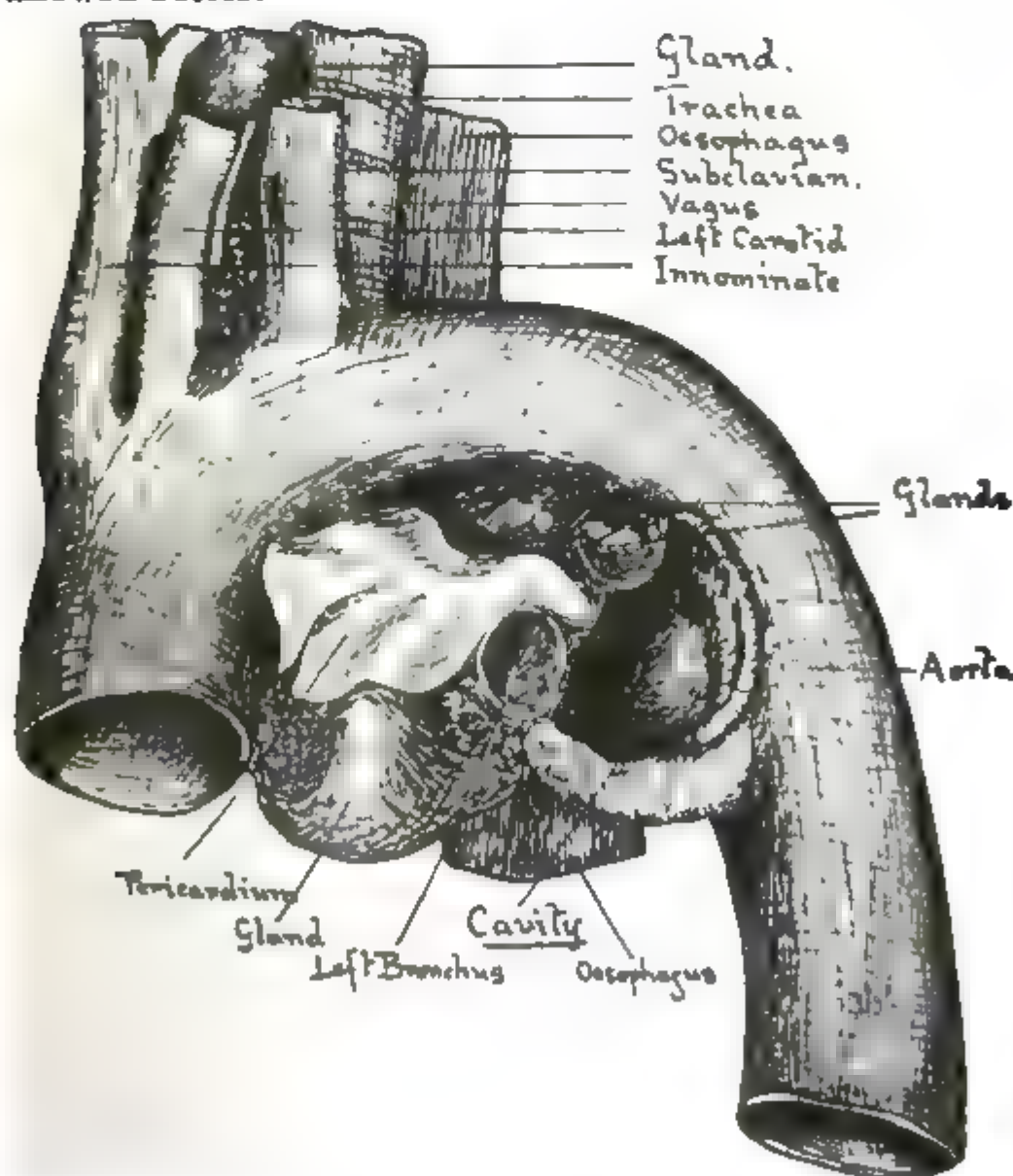
*The notes of this case and the accompanying drawings are by my colleague, Mr. H. Wynne Thomas, the patient having been attended as a home patient from the Phillips Memorial Homœopathic Hospital at Bromley, and only seen by me occasionally.

Oct. 14th. Thinks she can swallow rather better; if anything once gets down other things follow more easily; less phlegm; no pain.

23rd. The last four days has been running down very fast. P. 110. Has a great deal of pain in chest, has got nothing down for two days. *Hydrast.* ϕ

26th. Hardly gets anything down but a little kreo-chyle; may die any hour. Pain on upper chest severe at times. Voice only a whisper. *Morph.* m $1\frac{1}{2}$ of $\frac{1}{10}$ t.d.s.

27th. At 8 a.m. vomited some light yellowish matter and then some darkish fluid, about 2 ozs.; just before this she felt something give way in chest, and since has swallowed better.



Anterior view of Posterior Mediastinal Tumour.

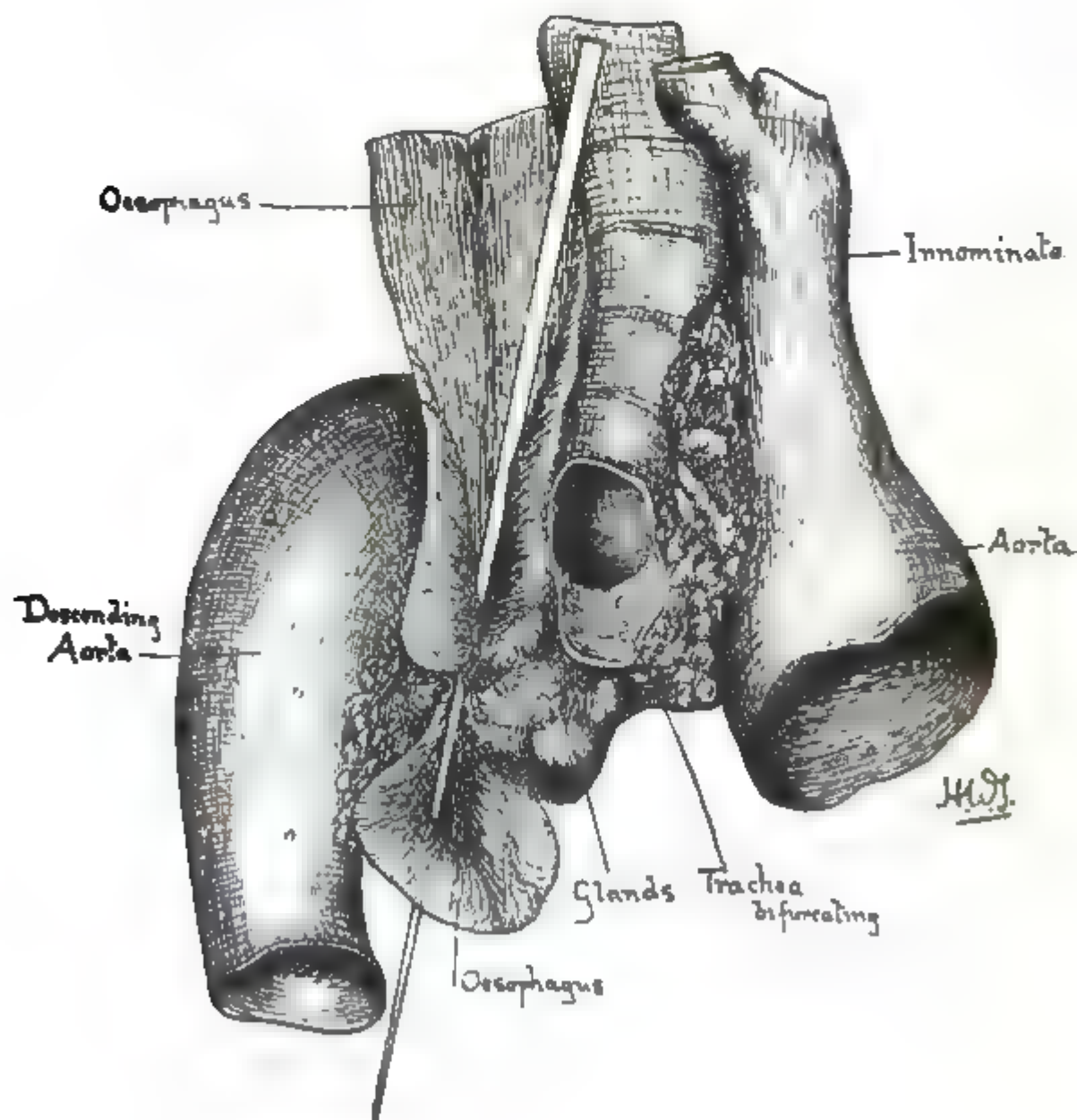
H. G.

28th. Better. Swallows fairly well. P. 100. Voice much stronger. *Ars. iod.* 8x.

Nov. 4th. Has been picking up, and can take eggs, bread and butter comfortably. *Hep. sulph.* 8 x.

18th. Has been much better, but beginning to have the old difficulty in swallowing again. P. 80. Gets up; sleeps well.

Dec. 4th. Is running down again; gets very little food down of any kind; is very exhausted. T. 101.5°. P. 108. *Acon. ars.*



Posterior view of Posterior Mediastinal Tumour

Showing Oesophagus laid open & probe passing through structure and also through opening into cavity.

10th. Very weak. P. 125. Tongue very thickly furred; no food at all for two or three days.

11th. Died 5.30 p.m.

[After the reading of the paper, Mr. Cook, the resident medical officer of the London Homœopathic Hospital, kindly offered to make a microscopical examination of the specimen referred to in Case I., of which he has sent the following report, and for which I wish to express my most hearty thanks.—E. M. M.]

*Microscopical Examination of Specimen of Stricture
of Œsophagus.*

The œsophagus was cut transversely through a little below the middle of the stricture. The transverse microscopical sections presented the following appearance when examined:—No trace of mucous membrane could be distinguished, although several sections were examined. The sub-mucous tissue had a ragged margin corresponding to the lining of the tube, and in addition to its own cells contained a number of abnormal ones. The foreign cells were mostly small and rounded, slightly larger than leucocytes, some were polygonal in shape, others pyriform and irregular. Besides these were some larger irregular cells, with two or three nuclei scattered about. There were very few typical groups of cancer cells in this part, the general cellular infiltration being chiefly noticeable. The inner and outer muscular coats were very much involved. The fibres were separated everywhere in bundles by numbers of small round cells. Numbers of typical groups of cancer cells could be seen scattered about both muscular layers. They did not form the nests which are characteristic of epithelioma, but were arranged chiefly in clumps and round spaces of varying size. These cells were large, and varied in shape, being chiefly columnar, pyriform, or fusiform with very large and distinct nuclei. The tissue between these clumps consisted of young fibrous tissue, i.e., chiefly fusiform cells, with the normal muscular fibres scattered about it. The external fibrous coat is thickened and infiltrated with small cells, being rugged and irregular in parts.

Glands.—The section examined showed that the glands were extensively involved; it was entirely carcinomatous, only a very little true glandular structure being present.

CASE II.

HYDATIDS IN THE LIVER, COMPLICATED WITH ABDOMINAL
TUBERCULOSIS, IN A CHILD AGED 4. DEATH.

Desborough H., aged 4, whom I had attended two years before for very severe whooping cough and bronchitis, and who, as we afterwards found, had during the summer of 1890 been allowed by his nurse to drink water from some stagnant ponds, was brought to me on March 5th, 1891, for an eruption very similar to erythema nodosum on both legs, a slight cough, night sweats and general failing in health. A week or two later we found he had a typical hectic fever, and on March 23rd I discovered a hard, smooth swelling in the epigastrium evidently hepatic, and on the 29th we first noticed another swelling like an enlarged gland halfway between the right iliac spine and the umbilicus.

On April 4th aspiration with a hypodermic syringe showed the hepatic swelling to be hydatid, and on April 5th Mr. Knox Shaw came down with a view to operate, but did not think it wise to do more than empty the hydatid cyst by aspiration, as examination under chloroform showed the lower swelling to be distinctly solid and nodular and in all probability tuberculous glands.

For a few days after the operation his hectic was markedly reduced, but the improvement soon went off, the cyst refilled and as you will see by the chart I pass round the disease ran a prolonged course of typical tubercular hectic, the temperature being anything from 94 in the morning to 105 in the evening, and not uncommonly making two such ups and downs in the 24 hours, until at last on September 9th, after nearly 6 months of acute illness he died of sheer exhaustion from the colliquative diarrhoea and sweats, his abdomen being enormously distended while the rest of his body was a mere skeleton.

About three weeks after Mr. Shaw saw him I again aspirated the hydatid cyst, and the fluid which came away was then quite semi-purulent, and after this it did not refill.

As to treatment, I cannot of course speak of any *curative* action of drugs in this case, but their *palliative*

effects were often most marked, especially *belladonna* and *calc. c.* for the abdominal pains, and *phosphoric acid* for the diarrhoea and exhaustion, so that until quite the last few days his suffering was remarkably little, he ate heartily and he was able to spend a large portion of every day out of doors in his perambulator, and his friends could hardly believe in the serious nature of his illness.

Post mortem examination showed the liver to be completely riddled with hydatids in all stages of development, the whole peritoneum studded with miliary tubercle, and the mesenteric glands enormously enlarged.

The lungs and brain were not affected.

This case is peculiar in my experience in the combination of hydatid with tubercle, probably a purely accidental coincidence, but one which for the time puzzled and put me off the true scent.

I should also like to call attention to the erythematous eruption as an early symptom of the constitutional dyscrasia, and to ask if others have seen it as a part of the tubercular development, I do not remember to have done so before myself, though I have once or twice met with it in the course of septicæmia.

CASE III.

CONGENITAL OCCLUSION OF THE VAGINA, IN A GIRL AGED 15. HYSTERECTOMY. RECOVERY.

On July 31st Florrie G., whose age was stated to be nearly 15, but who looked a year or two older, was brought to me by her mother at the dispensary. She complained of backache, which had lasted for three months, and was getting worse, so that at times she could hardly hold up at all; it did not pain her in bed, nor on first rising, but would come on after being up for three or four hours. Then, as if quite a secondary matter, her mother told me that for about a month she had noticed a lump in her stomach.

On examining her undressed there was found to be a tumour, apparently solid, rising up from the pelvis nearly as high as the umbilicus, the surface quite smooth. I examined next *per vaginam*, only sufficiently far to make sure there was no occlusion of the hymen, which was of the usual virginal crescentic shape. Examination by the rectum showed that the tumour extended into the

pelvis, and was evidently continuous with if not growing from the uterus. She had never menstruated.

My provisional diagnosis was a uterine fibroid; in any case I felt certain this tumour was the cause of the backache, and I advised a great deal of rest and to give up school work.

On August 5th Dr. Burford kindly saw and examined the girl with me. He came to the conclusion that it was probably a parovarian cyst, and advised operation unless it disappeared in a reasonable time under rest and treatment. I then prescribed *bovista* 3 c. m. v. t.d.s., under which I had once seen a similar tumour disappear, in a girl of about the same age.

On August 10th I was sent for to see her at home, as she was in great pain. The pain continuing severe, and the tumour apparently slightly enlarging, I wrote to Dr. Burford urging an immediate operation, which he agreed to, and accordingly we had her removed into the Phillips Memorial Hospital on the 13th, and the operation took place the next day.

After opening the abdomen (expecting, as I have said, to find an ovarian or parovarian cystic tumour), and exposing the upper portion of the tumour, it was seen at once to be not a cystic growth but the enlarged fundus uteri, and in order to examine it more fully it was necessary to considerably extend the opening in the abdominal wall both upwards and downwards; when this was done, the uterus was found to be about the size of a four months' pregnant uterus, very dark and engorged. Both Fallopian tubes were found distended almost to bursting with dark grumous thick fluid, and in addition a sac about the size of a cricket ball was found projecting from the posterior wall of the embryonic canal representing the cervix, also distended with the same thick black fluid, evidently retained menstrual discharge.

In view of this state of affairs and especially the hopelessly disorganised state of the Fallopian tubes, Dr. Burford decided upon performing hysterectomy.

After opening the uterus and emptying it of its contents, he managed to get his hands on each side of and below the above described sac, and expressed its contents, so far as was possible, also through the opening in the fundus, showing that there was a free communication between the two. Then drawing the

uterus as far forward as possible he transfixed its lowest segment with two ordinary knitting needles and applied a ligature of elastic tubing below them.

The uterus, or at least its greater part, was then cut off, the pelvis and abdominal cavity well washed out (for it had been impossible to prevent some of the contents of the tumour running into the abdomen), and the wound closed in the ordinary way, leaving the stump outside and dry dressings only applied to it.

The operation, which had lasted two hours, being thus completed, the patient was put back to bed, and was ordered *bell. 1x*, and *merc. cor. 3x* one drop in a teaspoonful of hot water every half-hour alternately, and no food or drink of any kind for 48 hours.

The aftercourse of the case was the usual one in a successful case of abdominal section. There was the usual trouble from flatulence and vomiting for the first two days, after which the patient was perfectly comfortable, except for the local distress in the wound which was at no time severe. For a few hours on the day following the operation the temperature was 100.4° , but soon subsided and never afterwards exceeded 99° .

On the morning of August 19th, i.e., four days after the operation, the nurse sent me an urgent message to the effect that the dressings were soaked through with hæmorrhage, though in all other respects the patient seemed perfectly well. On arriving at the hospital and removing the dressings, it was at once apparent that it was not really hæmorrhage, but an escape of the same menstrual fluid which had filled the uterus and the pouch I have described, and that it was welling up not through the stump, the ligature of which remained perfectly taut, but by the side of it, and that the pouch, which it had been impossible to completely empty, must have formed a fistulous opening into the line of the abdominal incision, most providentially, external to the peritoneum, and was now emptying itself in this way.

This complication, as you can well believe, gave us not a little anxiety and a good deal of trouble, since it involved frequent changes of dressings, but by most carefully mopping up all the discharge within reach—syringing with iodised water, then again drying the wound, and freely dusting into all the cracks and depressions round the now sloughing stump with

iodoform, we were enabled to keep the wound sweet, and the healing of the incision wound proceeded uninterrupted well.

This discharge of menstrual fluid continued freely for some days, and then gradually lessened and became thinner.

On August 27th—the thirteenth day after the operation—the ligature and last remains of the stump were removed, leaving a considerable but quite healthy looking depression, at the end of which nearest to the pubis was the funnel-shaped opening into the fistula through which a soft Jaques catheter No. 9 could be easily passed directly towards Douglas' pouch for a distance of between five and six inches.

By means of this soft catheter we were now able with safety to wash out the pouch, and the discharge now quickly lost its original character and became like thin muco-pus and finally mucus pure and simple.

I should have said before that on examining fully *per vaginam* a tough fibrinous band was felt running antero-posteriorly and completely blocking the vagina, about $1\frac{1}{2}$ inches from the vulva; on each side of this band the vaginal wall was comparatively yielding, enabling the finger to pass as into a lateral pouch, deepest towards the left side, but neither in the central band, nor on either side of it, nor by the rectum could anything at all like a cervix or os uteri be felt; and when we now examined with a solid probe passed into the fistula in the abdomen it could not be felt in any way by the finger in the vagina, but was perceived immediately by the finger in the rectum, giving the impression that there was only the anterior wall of the rectum between the finger and the probe, at the distance of about $2\frac{1}{2}$ inches from the anus.

She left the hospital on October 1st, just seven weeks after the operation. The abdominal wound was now firmly healed, but still a very small fistula remained, from which there was an intermittent and very slight discharge of mucus. She had an elastic abdominal belt, and was directed to wear a pad of absorbent wool over the fistula. The fistula, however, was quite closed in another ten days and has never reopened.

About three weeks after the operation although the temperature continued quite normal, she began to have

occasional rapid action of the heart, together with flushes of heat, and these have continued ever since, though with her increased strength they are less distressing to her, and with this exception, which is evidently due to the premature artificial menopause, she is now perfectly well and strong, and has entirely lost the backache for which she first sought advice.

This case is interesting from several points of view.

In the first place it is I think unquestionable that the operation saved her from certain death, and it is very doubtful whether any smaller operation could have been equally successful. Had we, for instance, found, before opening the abdomen, the fibrous band occluding the vagina about halfway between the hymen and the cervix (as it appears to be), we should in all probability have correctly diagnosed the nature of the tumour and attempted to relieve it by making an opening through the obstruction, but taking into consideration the condition in which the Fallopian tubes were found, and also the adventitious sac which had formed behind Douglas' pouch it is impossible to believe that any such operation could have been more than palliative if even that.

Secondly, it is interesting as confirming the maxim of all abdominal surgeons, that you can never be *certain* of the nature of abdominal tumours or growths until you have opened the abdomen, and that an operation, which is expected beforehand to be a simple one, may prove to be, as in this case, one of the most serious which any surgeon can be called upon to perform.

Thirdly, it is interesting as being, I believe, the youngest patient on whom hysterectomy has been performed, so far as recorded.

And lastly, it is interesting from the marvellous escape the patient had from a fatal complication, for had the sac which opened into the wound been ruptured during the first two days by the violent efforts of vomiting, the adhesion between the opposed layers of peritoneum would have been incomplete, and the menstrual fluid would have found its way into the abdomen, with the certain result of producing peritonitis, the cause of which would have been quite obscure and the sequence only too sure.

CASE IV.

PELVIC PERITONITIS AND CELLULITIS OF SEPTIC ORIGIN.
EXPLORATORY ABDOMINAL SECTION. RECOVERY.

Mrs. D., æt 33, has had four children, the youngest three years of age, and one miscarriage six months later at the seventh week, was seen on 4th May, 1891. She was then suffering from a bad cold, and also had evidently begun to miscarry, being at the time about 2½ months advanced in pregnancy. She had only returned the day before from the sea-side, and had complained of the drain smells in the house where she had lodged.

I kept her in bed and prescribed *acon.* and *caulophyllum*, but the cold continued with slight pyrexia and the pain and loss of blood from the uterus went on until on the evening of the 6th I delivered the ovum in several necrotic portions with the aid of forceps, after which the hæmorrhage ceased at once.

The next day, May 7th, she was in great pain in her head, her back, the hypogastric region and left groin; the symptoms of cold in the throat persisted, and as the epidemic influenza was then in full swing, we thought it not impossible this was added to the symptoms caused by the miscarriage. The temperature was 101.5°, and pulse 116. I ordered her *bapt. φ* and *verat. v. φ*, hot compresses to the abdomen and hot vaginal douches with sanitas lotion.

On May 8th the temperature had dropped to 99.4°; the headache, pelvic and general pains continued, and in addition she had now a well developed ulcerated tonsillitis, with a large patch, suspiciously diphtheritic in appearance on each side. She was now ordered to use a spray to the throat of *sulphurous acid*, 1 in 24, and to change the medicines to *bell. 1x* and *merc. bin. 2x*.

I need not carry you through my daily notes, but it is sufficient to say that under this treatment the fever was reduced to the normal by the 10th and the tonsils became quite clean, though some tenderness remained on pressure outside the neck.

All this time, however, the ovarian and sacral pains and the headache persisted quite severely, and on May 13th became worse and were accompanied by several indefinite rigors. On examination *per vaginam* there was

decided fulness and great tenderness in both ovarian regions and Douglas' pouch, and I diagnosed peritoneal inflammation of the appendages and broad ligaments. The pulse was 112 and temperature 101°. I ordered *acon.* and *bell.* with poultices all over the abdomen, and hot vaginal douches three times a day. The condition getting worse, with increase both of pain and fever, on the 15th I asked permission to call Dr. Burford in consultation, which was accordingly done the same day. When he examined her he found there was now a well marked swelling to the left of and behind the uterus, and the uterus itself was still very much enlarged, its fundus reaching well above the pubis. This, together with the history, enabled him to diagnose septic peritonitis with cellulitis, and he advised internal uterine irrigation daily with iodised water, besides continuing the external application of poultices or hot compresses, and hot vaginal douching; and for medicines he advised *arsen. alb.* and *merc. sol.*

At first it seemed as if this were going to prove sufficient to effect a cure, for the temperature, which on the evening of the 15th had been 103°, came gradually down, though still preserving the hectic type, till on the evening of the 17th it was only 101°, and she was decidedly better in herself, though the discharge which clung round the uterine tube on withdrawing it after being used for irrigation, was always very offensive, and the backache and iliac pain continued to be severe.

From this date, however, the apparent improvement ceased, the fever became very irregular, though always hectic, she had several rigors, and began to have heavy night sweats and occasional diarrhoea; and in fact her condition became one of very serious danger and anxiety, all the symptoms pointing to the formation of a pelvic abscess with general septicæmia.

On June 5th Dr. Burford saw her with me again, and confirmed my opinion as to the formation of pus in the pelvis, but could find no indication of its pointing either towards the vagina or rectum, so that with a view to its more certain evacuation and better subsequent management, especially in regard to drainage, he strongly advised an abdominal section, but was not able to arrange for the operation before the 8th.

Accordingly, on the morning of the 8th of June, Dr. Burford, assisted by Mr. Knox Shaw, opened the abdomen and made a careful examination of the parts affected. He found, however, that the peritonitis had so firmly matted together the uterus and adjacent coils of intestine as to form a complete roof to the swelling in the pelvis, and made it quite unsafe to attempt any opening into it from above; at the same time this condition made it exceedingly unlikely that the abscess would open into the peritoneal cavity, to avoid the danger of which had been one of the chief reasons for urging the operation. After very carefully douching the internal abdominal cavity with pure hot water, as hot as it was safe to use, for several minutes, the abdomen was closed in the usual way and the patient put back to bed, while the friends had to be told that the operation had failed to accomplish the object with which it was undertaken.

Here, however, follows the most interesting part of the case, for from that day the rigors ceased, the sweats became moderate, and ceased in a few days, and the severe pain both in the back and groin became steadily less. The temperature only once, viz., on the second day of the operation, touched 100°, and thenceforth continued very moderate and became practically normal after ten days.

So that she not only made an uninterrupted recovery from the laparotomy, but by the time the stitches were removed on the 15th, a week after the operation, the internal swelling was markedly diminished and at the end of three weeks, when she was able to get up, it had quite disappeared without any observed escape of matter either by the vagina or the bowel.

The treatment after the operation consisted of giving *bell.* and *merc. c.* for the first five days and thereafter *hepar sulph.*, till convalescence was fully established, I should mention, however, that *hepar* had been given persistently before the operation for quite a fortnight, though I have not thought it necessary to give all the details of the treatment, which so far as one could judge had not the least effect in checking the progress of the disease.

Since this illness there has not been the slightest threatening of any return of the same trouble, though

Mrs. D. continues somewhat weak, and has evident subinvolution, with a tendency to profuse and too frequent menses, during which she is obliged to lie up for two or three days, but which are quite painless and are in fact very much the same as they have been ever since the first miscarriage, now three years ago.

CASE V.

DISSECTION WOUND. SEPTICÆMIA. ALARMING PYREXIA.
RAPID SUBSIDENCE UNDER LACHESIS.

William H., aged 20, a medical student, was first seen on Dec. 21st, 1891, when he gave the following history:—

About ten days ago he had pulled the skin off a blister in the palm of his left hand at the root of the ring finger, and had pulled so vigorously as to tear the sound skin adjacent and make it bleed slightly.

He thought so little of this, however, that without any protection to this minute raw surface he went on with his dissecting—the subject, although preserved in a carbolic lotion, having been on the table all the term.

For the last week he has felt a lump under the blister, making it slightly tender to close his fist; once or twice during the last two days he has felt rather shivery and had transient faint feelings, and this morning his ring finger is acutely inflamed, the side next the little finger being very red and feeling boggy, but with no distinct fluctuation. His temperature in the early morning had been 97°, but when I saw him at about 4 p.m. it was 99.8°. He had very little pain, and there was no sign of any involvement of the lymphatics, so (and here I think I was wrong) I did not at once lance the finger but ordered it to be poulticed, and gave him *ars.* 3x. and *hepar.* 3x. to be taken every two hours alternately.

The next day he was feeling no worse in himself, though the temperature was rather higher, about 100.5°, and the swelling on the finger had increased with definite fluctuation on its inner side, so I lanced it, and let out a fair amount of pus. On probing the wound it was found to lead down to beneath the blister in the palm and pressure in this site caused more pus to flow.

The poultices and medicines to be continued as before.

Dec. 23rd. The wound was well open, though the discharge was very slight, and pressure in the palm produced very little flow and no pain, but he had this morning had a slight rigor and he now has a throbbing headache, a pulse of 124, and temperature 103.5°.

I left him six doses of *aconite* $\phi \frac{1}{3}$ of a drop for a dose, to be taken every half hour, and then to resume the *arsen.* and *hepar* as before.

Dec. 24th. The *acon.* had produced profuse perspiration, but had not reduced the temperature at all, herein confirming my experience in other cases, that it has no true homœopathic relationship to septic fever. The temperature now was 104° and had been so all the morning, and pulse 108. He had headache and was slightly giddy, but neither very severely, and the urine was very dark and lithic.

Although the wound looked quite healthy and there was no pain in it, nor up the arm, I thought it best to dilate the opening and syringe the small cavity with Sanitas lotion (1 in 10), and leave in a drainage tube, the poultice being now replaced by a pad of lint soaked in the same lotion.

I directed that if his temperature should reach 105° he should be put into a bath commencing at 90°, and gradually reducing it to 75° in about fifteen minutes, but I made no change in his medicines.

At 2 a.m. the next morning, the 25th, I was called up by his brother, who came to tell me that they had had to use the bath in the course of the evening, but that its effect had been very transient, that his temperature now was 104.9, his breathing very rapid and shallow, about 70 to 80 to the minute, and he was very restless and slightly delirious. There was, however, no cough and no pain either in the hand, arm or chest.

I gave him a powder of *lachesis* 4c with directions for 2 grains to be given every hour, and ordered the other medicines to be discontinued.

When I reached his house, which is some distance from my own, about midday, I was told that the powder had acted "like a charm," each dose had seemed to soothe him and reduce the fever, so that by 8 a.m. the temperature was 102.3, and it was now 101.6, the P. 90 and R. 15, while the wound still looked very healthy and was free from all pain or discomfort.

He was told to continue the *lach.* now every two hours.

Dec. 26th. I found his temperature had steadily dropped since my last visit; it was 100.2 last evening, he had a very good night, and temperature is now normal. Since this there has been no return of pyrexia, and the wound, though not yet healed as I write (Jan. 1st), gives no cause for the smallest anxiety.

I may very probably be told that had I been more energetic in my surgical measures in the first instance the whole attack of septic ferment might have been avoided.

It may be so, I cannot say, though I confess I have not the implicit faith some have in heroic local treatment after many days or even hours have elapsed since the poison entered the system. I do not believe, for example, that any real good can follow caustic or cautery applied even one hour after a dog bite, whether rabid or not, and still less do I believe in excising a wound some days after it has been received when tetanus has supervened.

However, whether it could have been avoided or not, my chief object in bringing this case before you is to show the rapid and apparently unmistakable effect produced by the *lachesis*, which in a few hours transformed the case from one of the very gravest danger and anxiety into one of a simple skin wound, which only requires to be kept clean and quiet to be certain to heal speedily and well. We have so few remedies of approved value in true septic fever that each well marked case of drug action in the desired direction is, I think, well worth being recorded.

It should be noted that the preparation of *lachesis* I gave is stronger than that usually employed, being the 4c trit, a strength I have now used for some years since I obtained a small supply of the 3c trit. from Dr. Hayward, of Liverpool, from which my chemist makes the 4c as I require it.

DISCUSSION.

Dr. BURFORD (on the invitation of the chairman) exhibited the specimen in the third case (hysterectomy), and explained the measures he took to remove the uterus. He explained why it was not practicable to perform any other operation. Dr. Ludlam, of Chicago, was present, and gave valuable advice and assistance. Dr. Burford next referred to the second case

of laparotomy in which improvement followed, though the operation was a purely exploratory one. He mentioned other cases of the same kind.

Dr. HUGHES said he had never listened to a more thrillingly interesting set of cases than those brought forward. He was delighted to hear the results of the fifth case and the action of *lachesis*. *Aconite* could not be depended upon in such cases, but *lachesis* and *crotalus* are just the medicines for them. He was glad to hear that there was a new source of the *lachesis*.

Mr. DUDLEY WRIGHT asked Dr. Madden's opinion on the first case, whether he considered it originated in the œsophagus or in the glands. He mentioned that with hydatid cysts, and especially after tapping, there has often been observed an outbreak of urticaria. He mentioned a case of pyæmia which ended fatally in which *lachesis* had been given without result. It was probably tried too late.

Dr. ROBERSON DAY suggested that *baptisia* might have been useful in the fifth case.

Dr. PURDOM referred to a case of stricture of the œsophagus that had been treated for dyspepsia till the man was in a dying state; shewing the importance of careful diagnosis. He asked if *arnica* was not more homœopathic immediately after operations than the *belladonna* and *merc. cor.* given in Dr. Madden's cases. He had generally used it after confinements. The case of septicæmia reminded him of his own recent experience, where *belladonna* at night and painting the inflamed lymphatics in arm with equal parts of *aconite* and *iodine* soon removed the pain and swelling.

Dr. BURFORD explained that in some of the cases *arnica* had been tried, but did not do well if continued. If followed by *merc. cor.* and *bell.* very good results were obtained.

Dr. COOPER agreed with the selection of *lachesis* at the time when Dr. Madden gave it; but he thought that the trouble might have been arrested by local means. He had recorded a case of injury and poisoning of a man's hand incurred by hitting another man in the mouth. The hand was condemned to be amputated at an allopathic hospital where he had gone for treatment; but the man came to Dr. Cooper, who applied an ointment of *scrofularia nodosa* (figwort), and the hand rapidly got well. Dr. Cooper was once himself stung by a fish. In that case he used ordinary *plantain*, as he could find no *scrofularia*. He chewed the *plantain* and applied it, and it took down the swelling at once.

Dr. MOIR thought from examining the specimen in the first case, that the œsophagus was contracted primarily, and not from swelling of the glands. The hydatid case was very a

remarkable one, and the temperature chart was almost unique. He had often seen *lachesis* do exceedingly well in similar cases of septicæmia.

Dr. GALLEY BLACKLEY (in the chair) commented on the cases which had interested him extremely. He had never heard of hydatids of the liver accompanying tuberculosis. He asked why *merc.-cor.* and *belladonna* were selected. He thought *arnica* was most indicated. He had seen many cases of dissection wounds yield to *belladonna*, with lead and opium externally. He remembered Dr. Cooper's case of poisoned hand.

Dr. MADDEN (in reply) thought the disease of the glands in the stricture of the œsophagus case was the primary disease. Referring to the action of *merc. cor.* and *belladonna*, he had always supposed that for prophylaxis the same medicines that cure also prevent, as with *bell.* and scarlatina, and it is for that reason that he gave *bell.* and *merc.* to prevent inflammation of the peritoneum.

HAHNEMANN'S MEDICINES v. "HIGH POTENCIES."

By R. E. DUDGEON, M.D.

It would be most desirable could we all agree as to the best dilution, attenuation or potency in which to administer the homœopathically selected medicine so as to obtain the best and promptest remedial effect. It were also desirable that we should all agree on the best mode of preparing these dilutions. Hitherto the literature on the subject has not been very satisfactory.

The advocates of extreme dilutions relate cases of marvellous cures by their favourite preparations, but it seems to me that they would not consider such cures as they relate for our admiration as either marvellous or uncommon had they been effected with the ordinary Hahnemannian preparations. It is the excessive dilution of the drug employed that apparently constitutes the marvel.

But when they allege that their extremely diluted medicines are so infinitely superior in their effects to the ordinary preparations, and when they imply, and indeed maintain, that the practice with these preparations is more scientific than, and should therefore be adopted instead of, that taught by Hahnemann, it is incumbent

on us to examine attentively the evidence they offer before discarding the method taught by the founder of homœopathy.

And first, let us enquire how these "high potencies," as they are called, are prepared. And here let me observe that the epithet "high" only denotes the high figures applied to the preparations used, the dilution or attenuation ought really to be designated "low," and this was the term originally used by Hahnemann to denote the increased dilutions of his medicines. We all know how Hahnemann directs his medicines to be diluted. The diluting medium he employed was alcohol, one drop of the previous dilution was to be added to 99 drops of alcohol, the mixture was to be well shaken, and this process continued through successive phials until the 80th dilution was attained. The essentials of Hahnemann's process then were, 1st, the diluting medium—alcohol; 2nd, the exact proportional measurement of medicine and diluting medium; 3rd, the employment of separate phials for the successive dilutions; 4th, the succussions to be given to every dilution, from two at first to as many as fifty or more in his latest directions.

The preparations called "high potencies" are made in a very different way, or I may say in very different ways. According to Fincke there are no fewer than 24 different kinds of "high potencies" in the market. Most of these are made by allowing the service water of the locality where they are made to run through one phial originally containing one drop of the medicine, or of some dilution thereof. No succussion is performed. The ordinary water supplied to towns is, as everyone knows, not pure. That supplied to London, for instance, contains 20 grains of solid matter to the gallon. This solid matter is chiefly carbonate of lime and chloride and sulphate of soda. The water is, in fact, a solution of sundry saline ingredients, nearly corresponding to the 2nd centesimal homœopathic dilution. Suppose we attempt to make a "high potency" of *calcareo carbonica* or *natrum muriaticum* with this water, however long we should continue the process, in the end our preparation would always remain the 2nd dilution, or thereabouts, of *calc. carb.* and *nat. mur.* As the dilution of *nat. mur.* and *calc. carb.* is only commenced at the 3rd trit. or

potency, we actually attempt to dilute the 3rd attenuation with the 2nd attenuation of the same drug. Other waters employed for diluting purposes in other localities, contain other ingredients, such as potash, iron, silica, ammonia and carbon in varying quantities, equivalent to the 2nd and 3rd centesimal dilutions of our pharmacy. Is it a matter of indifference what medicinal impurities exist in diluting media? The case is not a bit better for the vegetable tinctures. Hahnemann himself has pointed out (M. M. P. II., 44) that if we use a large quantity of water for diluting purposes, "the chemical and other changes always going on in the water would destroy and annihilate the medicinal power of vegetable tinctures in a short time." But the "high potency" men treat all the teachings of Hahnemann on the subject of preparing his medicines with utter contempt, and yet they arrogate to themselves the appellation of "Hahnemannians," and revile those who put in a word in favour of Hahnemann's pharmaceutic method.

Hahnemann's method recommends itself to my mind as being more simple, certain, scientific, and exact. We know precisely what we have in all his dilutions from the 1st to the 80th. The decimal variation on Hahnemann's plan is equally simple, certain, scientific, and exact, we should only bear in mind that the numbers in this scale only represent half those of the centesimal scale, that 4 dec. is equal to 2 cent., 10 dec. to 5 cent., and so on.

But dilutions made on the "fluxion" plan with ordinary water are uncertain as to their degrees of dilution, and doubtful as to their medicinal constitution. The certainty and uniformity which marked Hahnemann's method is exchanged for uncertainty and diversity. We do not know what weapons we are working with. And supposing we had thoroughly ascertained the true composition and degree of dilution of the "high potencies" of one manufacturer, that would give us no knowledge of those of another manufacturer prepared in a different way and with a diluting medium of a different impurity. How shall we know which to prefer? Jenichen, Petters, Lehrmann, Boericke, Swan, Fincke, Skinner, have each their partisans. Some seem to think that all are equally good and so use them all

indifferently in their practice, but others swear by one manufacturer and will not use those of another.

The method adopted by the "fluxion" potentizers may be called "displacement" instead of dilution. In an article on "Dilutions" that appeared in the *Brit. Jour. of Hom.*, vol. 39, p. 1., it is shown that there is reason to believe that the dilution obtained by this method is quite insignificant. At all events they have not the slightest relation to the corresponding numbers of the Hahnemannian scale, and it is a manifest deception to pretend that they represent the thousandth and millionth centesimal dilutions, when the probability is that *e.g.* Swan's thousandth is of about the strength of Hahnemann's 5th, and his millionth not weaker than Hahnemann's 10th.

For my own part I prefer Hahnemann's simple scientific plan of making dilutions to the uncertain unscientific methods of the high-potentizers. Parodying the famous utterance of a distinguished statesman, I would say: "It is better to stick to a wise plan though old, than to adopt a stupid plan because it is new."

My thoughts have been directed towards this subject by a paper in your last number by Dr. Alexander, entitled *High v. Low Potencies*. This paper abounds in all the remarkable peculiarities of argument which we meet with in the writings of the "high-potency" advocates. Dr. Alexander's attention was first directed to "high-potencies" by a professor in the Homœopathic College of St. Louis, whose routine practice was to give the hundred-thousandth dilution in almost every case. Whose preparations the professor used is not stated. He next met Dr. H. C. Allen, of Chicago, who was converted to "high-potencies" by a case of "a serious form of ophthalmia," which under his own treatment with low dilutions and eye washes "became steadily worse, the eyes becoming *as bad as they could possibly be, and sight totally lost*," which was perfectly cured by Dr. Carroll Dunham in three weeks. It is a great pity we were not informed what kind of ophthalmia this was, what Dr. Allen's unsuccessful treatment was, and what medicines were prescribed by Dr. Dunham. There is a vagueness here, not uncommon in "high-potency" literature, which adds immensely to the marvellous

character of the narrative, but which renders it useless, because unintelligible to the practitioner.

Dr. Alexander says that "aggravations not infrequently follow the exhibition of a strong dose of the true *simillimum*," and "this experience was perhaps the chief cause which led Hahnemann to gradually reduce his dosage." That is hardly a correct statement of the facts. Hahnemann believed that aggravation of the morbid symptoms was a necessary effect of the administration of the true homœopathic remedy (*Org.*, § 157-160). His attenuations of medicines with the attendant triturations and succussions were undertaken with the view of liberating and unfolding their powers, so as to render them more potent medicinal agents. Aggravations were not done away with, only with the attenuated medicines they were of shorter duration than those caused by stronger doses. Dr. Alexander admits that medicinal aggravations are not a serious objection to the employment of the stronger doses. The chief objection to their use is, he says, because they are "practically inert." It seems strange that they should be "practically inert" and yet cause objectionable aggravations. But it appears that even "high potencies" are liable to cause disagreeable aggravations, for in Dr. Alexander's Case IV. the thousandth dilution of *nux vomica*, preceded by one dose of the hundred-thousandth dilution of *sulphur*, caused such severe aggravation of all the symptoms that the patient had to leave off taking the medicine for some days.

As regards the cases given by Dr. Alexander to illustrate the efficacy or superiority of "high potencies," I think many practitioners will agree with me in testifying that he has seen equally good cures effected in similar cases by the same medicines as those given by Dr. Alexander, prepared according to Hahnemann's method, and given in the ordinary way. If that be so, I would ask what is the advantage of giving these so-called "high potencies" instead of Hahnemann's? I do not suppose that any practitioner who had successfully treated a case of dyspepsia with *sulphur*, *nux vomica* and *lycopodium* or a case of hæmatemesis with *ipêcacuanha* in ordinary doses would think of calling his cures "marvellous" and singing a *Te Deum laudamus* over them; but this seems to be the correct mental attitude to be

assumed if instead of thirds, twelfths or thirtieths we employ medicines labelled "M.," "CM." or "MM."

"High-potency" advocates always insist that their remedies act much better, more quickly and more certainly than the Hahnemannian preparations; but I am not acquainted with any records of cases where the "high potencies" cured after the Hahnemannian doses of the same medicines had failed. Certainly Dr. Alexander's cases show nothing of the sort.

No reason is ever given why one "high-potency" should be given rather than another. Dr. Alexander apparently prefers the thousandth dilution; why, he does not say. He occasionally deviates into the hundred-thousandth, but gives no reason for doing so. His American professor's "routine practice" was with the hundred-thousandth. Dr. Carroll Dunham, we know, stuck to the two-hundredths which he made himself. Others give the ten-thousandths; others, again, the millionth; and I think I have seen the ten-millionth mentioned as a dose, but of this I am not sure. I do not know why one "potency" should be preferred to another among these transcendental preparations, and their employers offer no reason for their preferences.

In the practice of our art it is of the last importance that we should be sure of the instruments we employ. It is essential that we should be assured of their purity, that we should know how to prepare them, that their designation should indicate exactly what they are, that their numbers should indicate the precise quantity of medicinal material they contain. The medicines prepared according to Hahnemann's precise and well-considered directions fulfil all these requirements.

The "high potencies" are conspicuously deficient in all these essentials. The medium with which they are prepared, the ordinary service water of the locality where they are made, unfiltered and unboiled, contains appreciable quantities of medicinal substances and various organic impurities. The diluting medium of each manufacturer differs as to ingredients from that of every other, but all are impure. As each "high potency" manufacturer has his own peculiar method of making his potencies, there is no uniformity among them, hence the experience of a practitioner with the

preparations of one manufacturer cannot be repeated with those of another. The numbers affixed to the potencies only indicate approximately the quantity of water that has flowed through the bottle, but not the quantity of medicine contained in the dilution. The only thing certain about the numbers is that they never indicate the strength of the preparation according to either the centesimal or decimal scale. The precision and uniformity insisted on by Hahnemann, and perfectly obtained by his method, are completely absent in the practice with "high potencies."

Hahnemann considered the succussions he gave to each dilution as essential to the unfolding and liberation of the medicinal powers of the drug; he says, indeed, that the development of the drug power by trituration and succussion is "among the greatest discoveries of the age," (*M. M. P.* II., 44). Jenichen alone among the "high potency" makers, concerned himself about succussion, but as he commenced making his dilutions from an empty bottle from which all the medicine had evaporated, many of us would opine that his laborious succussions were hardly a perfect substitute for the absence of the medicine. The other "high potency" makers, or most of them, make no attempt to succuss their dilutions. It is sufficient for them to put the bottle containing a drop of the tincture under the tap over night and to allow the water of the cistern, which is itself a "low" dilution of several of our potent drugs, to run through it while they sleep, and the final bottleful of this impure water they find at the morning visit is called by them the thousandth, ten-thousandth, or hundred-thousandth potency, according to the quantity of water they reckon has passed through the phial.

I consider the introduction of the "high potencies" into homœopathic practice, as an unmitigated evil; not only because they are subversive of all the teachings of Hahnemann on the subject of the preparation of his medicines. That might be endured if only they were superior in efficacy to Hahnemann's dilutions. But of this not a scintilla of proof has been offered. The partisans of these potencies have published many cases treated by them, which they try to persuade us are marvellous cures, but which if they had been treated by Hahnemannian preparations would have been regarded

as the commonplaces of homœopathy. No instances, as far as I can recollect, have been furnished where it has been proved that the so-called "high potencies" cured after the ordinary preparations had failed. The records of homœopathic therapeutics show hundreds of cures by the ordinary remedies of homœopathy quite as striking—or *marvellous*, if you please—as any related by the high-potentizers. Can they show any better cures than Hahnemann's own model case treated with the pure juice of *bryonia*?

The history of "high-potencies" does not prepossess us in favour of them. The first inventor was a Russian squire named Korsakoff: then came Stallmeister Jenichen, whose brains did not seem to have been quite right, or, at least, not to his liking, as he blew them out; the next makers of high potencies were the homœopathic chemists Petters and Lehrmann. When the mania spread across the Atlantic a whole crowd of competitors, chiefly doctors, rushed into the "high-potency" business. Now as all the "high-potencies" thrown upon the market by these numerous purveyors were differently prepared, and as no one knows what they really are, the *ipse dixit* of each maker being the sole guarantee for the genuineness of his wares, we have here an undesirable element of secrecy introduced, contrary to the whole spirit of Hahnemann's teaching, and bringing down homœopathy to the level of Mattei's electro-homœopathic nostrums, with this additional disadvantage, that there are as many different sets of "high-potency" nostrums as there are makers of them.

I do not in the least doubt that cures follow the administration of "high-potencies," just as they do the employment of Mattei's marvellous medicines, Burggrave's dosimetric remedies and Mother Seigel's syrup, for I believe there is truth in the saying, *morbi sanantur per medicum, sine medico et contra medicum*. It is impossible to judge of the comparative value of different methods of treatment by selected cases, and in many instances the medicine prescribed constitutes the least important part of the treatment and has little or nothing to do with the cure, which is often owing much more to the prohibition of some injurious habit, the regulation of the diet or regimen, or some alteration suggested by

the physician in the conditions and surroundings of the patient.

If those who believe in the vast superiority of the "high potencies" have the courage of their opinions they will have to give us a new pharmacopœia, in which they will tell us that Hahnemann was altogether wrong in his directions for making his medicines; that alcohol is an unsuitable medium for diluting them; that succussion is useless; and accuracy in measurement of the quantities of the drug in such dilution is unnecessary. Instead of all Hahnemann's pedantic and laborious processes for attaining exactness and purity, the best mode of making the medicinal dilutions is to put a drop of the tincture into a small bottle, place this under the tap, and let the ordinary impure water of your cistern flow through it for so many hours or days, and then you label the last bottleful the thousandth, ten-thousandth, hundred-thousandth or millionth "potency" according to fancy. To dilute a medicine by the method of Hahnemann down to the thousandth "potency" would require, so Dr. Alexander says on the authority of Dr. Rhees, $4\frac{1}{2}$ days; to the hundred-thousandth, 416 days; to the millionth, 13 years of unremitting labour. By this new method they can all be made, as the cobblers announce they can mend your boots, "while you wait," without any labour.

When the partisans of "high potencies" have converted all their colleagues to their own simple faith, the homœopathy of Hahnemann will be relegated to the limbo of effete creeds, and we shall have become the laughing-stock of all sensible people.

I have said nothing about Dr. Alexander's endorsement of the vital-force theory Hahnemann adopted in the last edition of the *Organon*. It is a mere theory, incapable of proof or disproof, and may be held as a pious opinion, or rejected by his disciples. It explains nothing, but seems "grateful and comforting" to the employers of "high potencies," so it would be cruel to deprive them of it.

CLINICAL AND THERAPEUTIC NOTES.

By A. C. CLIFTON, M.D.

(Continued from p. 786, vol. xxxv.)

THE first disease I now touch upon is *Eczema*, in its acute and chronic forms, the local and also more general manifestations of the malady. Although I hold that medicinal treatment here should be mainly directed to the diathesis of the individual, I at the same time believe that there is a wide margin where other measures addressed primarily to the skin are required, together with directions for correcting some of the exciting causes of the disease, such as diet, clothing, ablutions, &c., which are usually very distinctly pronounced. How far and in what way these exciting causes can be corrected must be left to the individual practitioner, with the suggestion that no fixed and arbitrary rules applicable to all cases can be laid down, but that each must be considered apart from every other.

So far as my observation has gone, cold and wet weather has been the most exciting cause, hence the fact (common I suppose to other practitioners) that during the last few years a larger number of cases of eczema have come under treatment than previously, and although we cannot control the weather its influence ought to be considered in our medicinal treatment of the disease. The next exciting cause and related somewhat to the first I have named, is the external use of water—soap and water—for the sake of cleanliness. Now while cleanliness—the removal of dirt and exudation from the skin—is very important, there are different ways by which this may be ensured, and I am convinced that the frequent external use of water in eczematous patients is highly detrimental, all that is required for this purpose being gentle friction of the skin by a soft towel, a soft dry sheet, or a soft brush. A Turkish or alkaline bath once or twice a week is sometimes highly beneficial, and although such measures involve the application of water, if inunction by olive oil, or still better deelinæ oil, follows the process, great good will result.

Here, moreover, comes in the question of local topical applications, for while we may correct the diathesis of the patient by homœopathic medicine, the heat and

irritation of the skin may be still further relieved by sponging it with warm new milk, with rice water or arrowroot gruel, and in some cases by the application of a lotion of calamine, oxide of zinc, lime water and glycerine, or by the inunction of deelinæ oil. In some severe cases, I have found the unguentum hydrargri nitratis, B.P., diluted with olive oil of marked benefit.

Some few homœopathic practitioners will doubtless say these topical measures are not called for, and are not consistent with true homœopathic practice. To this my reply will be, I differ from them, and have never seen the said measures act injuriously to health, but on the contrary, have found them largely contributory to the comfort and cure of the patient.

I now briefly refer to some medicines that are homœopathic to this disease, and that so far as I have seen are most beneficial and curative. Here, *rhus toxicodendron* and *rhus venenata*, hold the first place, more especially when there is much moisture or weeping of the skin, and where this is associated, as it often is, with the rheumatic diathesis. Further, the more inflammatory the skin has been, and the more acrid and irritating the exudation, *rhus ven.* has acted better than the *toxicodendron* variety, more particularly where the rheumatic element has not been very apparent; when the latter has been obvious, *rhus tox.* has generally been more curative. Here, moreover, notice the dose, because we have been told to beware of aggravation from the lower dilutions of these drugs; while, as a rule, I have found *rhus tox.* in the 6x or 12x dilutions more curative in rheumatism, apart from the disease under consideration; yet here, the matrix tincture, in one drop doses, has given me the most satisfaction, and *rhus ven.* in the 1x dilution, and I have never seen any aggravation from these doses. The next best medicines, in the weeping form of the disease, have been *croton tiglium* in 3x dilution, and *cantharis* 3x, but where I have found them useful there has been little or none of the rheumatic element.

Arsenicum holds in my esteem a high place in the treatment of eczema, given in one to two drop doses three times a day of the "*liquor arsenicalis* B. P.," especially in neurotic and debilitated patients of gouty tendency, with a dry, hot skin, poor appetite and nocturnal sleeplessness. *Graphites* in the 6x trituration

comes next in order with me in point of usefulness, for patients with a very dry and cracky skin, who, moreover often suffer from constipation and fissures of the anus, with more or less indigestion, especially when cold drinks cause pains in the stomach, and when, in women, the menses are scanty and pale in colour. *Sulphur* is a medicine that is frequently called for, especially at the beginning of treatment in almost any form of the disease, or intercurrently with other medicines, and more particularly when cold water, either internally or externally, causes aggravation, as does *graphites*; but where *sulphur* is indicated there is a dislike to cold water, while where *graphites* is useful there is the desire for it, but the gratification of this desire causes pain. Impetigo, using the term in a rather wide sense, I may just notice. The medicines that I have found most curative in it have been *hepar sulphuris* 3x to 6x, *antimonium tartaricum* 6x to 12x, *croton tiglium* 3x, and *mercurius solubilis* 6x to 12x, while for cleanliness, which is largely called for, I have found mopping the eruption with a lotion of Condyl's fluid or of "Sanitas" with water, and then gently drying the part with a soft towel, answer well.

Prurigo and *Scabies* I class together, although very different diseases. Both are nevertheless often caused by want of cleanliness, though not always so. Here my main treatment at the outset has been directed to the skin, and consists of hot water ablutions with soap, and well scrubbing, followed by a wash of equal part of "Sanitas" and water. Although this process is not *always* efficacious, it has *oft-times* been so, and is at least worth a trial before resorting to the more disagreeable application of *hepar sulphuris* lotion, or *sulphur* ointment. The medicines that I have found most curative have been *sulphur* 2x, *mercurius corrosivus* or *solubilis* 3x three times a day.

Boils and Carbuncles.—Here my treatment has, of course, been mainly directed to the *general* morbid state of the system leading to the external and local manifestation, which should not, I believe, as a rule be repressed; yet, as the development is a painful process, I am nevertheless assured that if or when it can be arrested without injury to the patient, this should be attempted, first by the Turkish bath and then by a lotion of lime water. When these measures have failed, I have hastened suppuration by the application of folds of lint wrung out

from hot water, which in the *early* stage is far better than any poultice, and between times, by fomentation, the part afterwards being well padded with dry cotton wool. In the further stage, an application composed of flour, honey, and *hydrastis* has been largely serviceable, and when the boil or carbuncle has broken down, and is discharging, a poultice of oatmeal porridge, a carrot poultice, or one with brewers yeast, has been sufficient to cleanse the part, and finally a lotion of *calendula*, or an ointment of the *nitric oxide of mercury* has expedited the healing process.

The medicines which I have found most beneficial in furunculous conditions have been *apis*, *belladonna*, *hepar*, *mercurius* and *silicia*, at different stages of the development, while in carbuncular conditions *baptisia* and *rhus* in the matrix tincture, in the early stage, and next in order *mercurius corrosivus* 3x, *lachesis* 10x, and subsequently *silicia* 3x and *sulphur* 3x have completed the cure. In no case, however severe, have I had any reason to resort to surgical measures, such, for instance, as the crucial incision of boils or carbuncles, advocated by some old school practitioners. Finally, as various local and topical measures have been suggested as valuable adjuvants to medicinal treatment in the diseases alluded to, as well as to some others, it may be well to say something more about them, more especially regarding *poultices*, as from my reading and observation of general modern practice, I think the tendency of opinion is *against poultices* and in *favour of dry applications*, and more particularly of dry cotton-wool packing, and the hot water bottle. I would further suggest hot dry salt in a stocking applied to the seat of pain, in lumbago, and hot dry bran in a bag, over the abdomen, when there is pain there and the hard hot bottle cannot be well borne. While I adopt these measures with great advantage, according to the separate requirements, I nevertheless believe the principles governing the action of dry and moist heat (medicated or otherwise) are not as a rule well understood, and that the effect of moist heat has been *under-valued*. Very recently it has been argued in one of the medical journals, that *poultices* are comparatively useless, beyond giving mere warmth, which may be as easily obtained by dry applications, that there is but little if any difference in action between

linseed meal and some other poultices, nor does it matter it is said whether the materials are applied *directly* to the skin or *enclosed* in a bag. This may seem a small matter, and hardly worth consideration when we have drugs which, administered homœopathically, are so largely curative. At the same time I have found these adjuvants occasionally very beneficial, and I say that poultices of oatmeal, linseed meal, bread, carrots, turnips, yeast, &c., have a different and special action one from another, and that they act more quickly when applied directly to the skin; especially is this the case in acute bronchitis, pneumonia, and peritonitis, boils and carbuncles, and they are more helpful than the dry applications I have named. There is, moreover, another poultice I would call attention to, viz., boiled rice (and the common chicken rice is the best), this applied over the epigastrium at night, in acute gastritis and irritative dyspepsia, often affords much relief; while in inflammation of the eyes, erythema of the skin, with or without ulceration, the same poultice when applied cold is very valuable. In some other maladies the old fashioned chamomile and poppy head decoction, applied on folds of druggists' lint, gives great relief from pain. Much more to the same purpose might be said with regard to baths of various kinds, especially the Russian, as well as the Turkish bath; and also wet compresses *with* oil silk over, in contradistinction to wet compresses *without* oil silk. Each and all of these measures are beneficial according to the symptoms of each individual case.

REVIEWS.

A B C of the Swedish System of Educational Gymnastics: a Practical Hand-book for School Teachers and the Home. By HARTVIG NISSEN, Instructor of Physical Training in the Public Schools of Boston, Mass., with 77 illustrations. Philadelphia and London: F. A. Davis. 1891.

THE reason that the use of Swedish gymnastics has spread as it has in this country, on the Continent of Europe, and in America, is probably twofold. In the first place the system is one simple enough for every-day use in schools, and may be efficiently practised without the use of apparatus (oftentimes

complicated and expensive). In the second place the exercises are strictly systematic; they aim at and ensure the development of the muscular system as a whole, rather than the strengthening of particular groups of muscles.

Perfected in Sweden by Ling, introduced into this country by Professor Georgii, the system has become we might almost say popularised, by the teaching, writings, and persistent effort of our gifted and lamented friend and colleague, Dr. Roth. He lived long enough to see the Swedish Educational gymnastics introduced into many of the Board Schools and other schools, public and private, in this country.

This manual, recently published in America, shows that in the new world also the value of this system has not been overlooked.

In the form of question and answer, the subjects of gymnastics in general, of educational gymnastics, and of the Swedish gymnastics, are placed before the reader in simple language. The various exercises and groups of the same are described and their objects explained. After this, the major part of the work consists of carefully arranged tables of exercises for daily use. The series lasts over 83 weeks. Exercises suitable for children as young as 5 or 6 years come first, and are followed by more severe series according to age and experience of the pupil.

Any person of average intelligence can conduct these exercises from a careful study of this little book, without previous instruction. The various positions and exercises are thoroughly well illustrated by diagrams taken from the best Scandinavian authorities.

The importance of physical education is too well recognised in the medical profession—and we believe especially by the members of the branch we represent—to make it necessary for us to dwell upon it. But we doubt not many an one has felt the difficulty of getting such training thoroughly carried out. It is obviously impossible for a medical man to superintend the carrying out of the necessary instructions, and it is only exceptionally that he is called upon to issue anything like definite and detailed orders. We are, therefore, pleased to be able to introduce this simple but reliable work to our colleagues, that they in turn may recommend it to parents, guardians and “instructors of youth” generally.

The merits of this little manual more than outweigh some minor blemishes, which we will only allude to by suggesting that the author might easily have avoided the most of them by securing an English friend to revise the proof for him.

PERISCOPE.

MATERIA MEDICA AND THERAPEUTICS.

SUBCUTANEOUS MEDICATION.—A *brochure* by Dr. E. Boisson, of Sceaux (Seine), France, is devoted to the recommendation of this method of medication in cases of chlorosis and anæmia, and of pulmonary phthisis, and to the record of many cases treated by that gentleman. The author believes that more rapid and more permanent benefit is obtained by this method than by any other. He advises for the former condition injections of *arsenate of strychnine* and *salicylate of iron*. For the pulmonary disease, *eucalyptol*, either simple, carbolised or phosphorised, is recommended. By using a syringe with a long needle, and by great care as to cleanliness, unpleasant local results were altogether avoided.

HAMAMELIS.—In an interesting paper on *The Treatment of Piles* (*Brit. Med. Journ.*, Mar. 12), Dr. Lauder Brunton, together with some useful hints on general management, gives the following method of using *hamamelis* :—

“In cases where the piles are very troublesome, it is always well for the patient to wash the anus immediately after a motion. It is sometimes impossible for the patient to go from the closet to his bedroom and wash there, and I have found the easiest way of getting over this difficulty is for him to carry with him to the closet a soft sponge in a small india-rubber bag, an ordinary tobacco pouch is best. If it should be an earth closet, the patient should take the sponge full of water, and after cleansing the anus gently with paper, he may thoroughly sponge and then return the sponge to the bag. The anus may then be dried either with the porous paper or with a small napkin which he carries with him. In the case of a water closet, the sponge may be taken dry, and after the closet has been used the plug may be drawn and the sponge dipped in the clean water which then fills the pan, and used in the way I have just mentioned. The patient should also take with him to the closet a small bottle of some preparation of *hamamelis* and some prepared wool. This should be sheep's wool deprived of its fat, and not cotton wool. The wool thus prepared is quite absorbent and takes up the *hamamelis* readily. It differs from the cotton wool in one important particular, for it forms a kind of felt which the cotton does not. A small pledget of wool about the size of a hazel nut, should be dipped in the *hamamelis* and introduced within the anus, and a similar pledget likewise soaked in the *hamamelis* should be introduced so far within the anus that a few fibres of it, at least, are caught by the sphincter. The external pledget soon

becomes felted together into a regular pad, fitting completely the anus, and being retained by the few fibres caught by the sphincter it will remain there for twenty hours, while a similar pad of cotton wool might not remain as many minutes. This wool pad not only keeps the *hamamelis* in constant contact with the piles, but also affords a certain amount of mechanical support. In patients suffering from piles we frequently notice an almost involuntary tendency to sit on the corner of a table, or on the arms of a chair, or to put the hand behind and press upon the anus from time to time; but the woollen pad, by affording a constant support, tends to lessen the necessity for pressure in any of these ways. Where the piles are chiefly internal the *hamamelis* may be applied in the dose of half a drachm to a drachm, either diluted with water or, as is sometimes preferable, undiluted, by injecting it within the anus with a glycerine syringe. The success of this treatment in stopping hæmorrhage from piles is really extraordinary; within a week I have stopped the hæmorrhage from piles which were bleeding so profusely that a colleague thought that an operation would be necessary. But not only does *hamamelis* stop hæmorrhage, it lessens the uncomfortable weight and aching pain which so frequently accompany piles, especially when they do not bleed, and it will even greatly lessen or remove the pain which occurs in piles when they become inflamed. I have tried various preparations of *hamamelis*, but I have not found either the tincture or the local extract, both of which are to be found among the recent additions to the *Pharmacopœia*, nearly so satisfactory as some of the proprietary preparations.

DIGITALIS.—In a paper *On the Use of Digitalis in Aortic Disease* (*Brit. Med. Journ.*, March 12), Dr. Barrs, of Leeds, calls in question the view entertained by some, that while *digitalis* is the best remedy to use in the mitral disease of the heart, it should not be given at all, or only with great caution, in a disease of the aortic valves. His conclusions are as follows:—

“ 1.—In all cases of valvular disease, the chief *desideratum* in regard to the heart itself is the condition of the cardiac chambers in respect to dilation and hypertrophy.

“ 2.—That the presence of symptoms in cardiac disease means always failure of compensation.

“ 3.—That the condition of over-hypertrophy or over-compensation does not exist.

“ 4.—That the dangers in aortic disease arise from the same cause as dangers in mitral disease, namely, failure of the compensation, that is, failure of the ventricular muscle to overcome the ever increasing work put upon it.

"5.—That if *digitalis* is safe and beneficial in mitral disease, it is equally so in aortic disease."

The objectors to using *digitalis* in aortic disease "take their stand," says Dr. Barrs, "mainly upon the teachings of pharmacology, and the question I wish to raise is, Are the teachings of pharmacology confirmed in this regard by clinical experience? My own answer to the question is that they are not."

If the teachings of pharmacology are rightly applied, the question whether the aortic or mitral valves were diseased would not influence the question whether *digitalis* should be given or not. What pharmacology teaches us about *digitalis*, so far as the heart is concerned, is that under its influence the condition produced is one of enfebled co-ordinating muscular power. The characteristic feature of the pulse is intermittence and irregularity. Hypertrophy as such does not call for *digitalis*, but it is where the existing hypertrophy is inadequate as a compensating force—whether compensation is rendered necessary by aortic or mitral disease—that *digitalis* is useful. This is the lesson taught by pharmacology, when the principle *similia similibus curentur* is employed to enable us to apply its teachings at the bedside; and clinical observation demonstrates here, as well as elsewhere, that this mode of utilising pharmacological teaching, commonly known as homœopathy, is of the greatest advantage to the patient.

A. C. P.

DISEASES OF CHILDREN.

"INDIGESTION IN INFANTS."—In a paper in the "Transactions I.H.A.," by Nathan Cash, one idea predominates—that is, babies must be fed on milk, *milk*, MILK; milk unscalded, unskimmed, unpeptonised, undiluted and undoctored; milk whether it is kept down or vomited up, whether it is digested or not digested. The second idea in the paper is that the child is to be "doctored," instead of the milk, and that *æthusa* (with a page of symptoms from Hering's *Guiding Symptoms*) is the remedy, to be administered in dilutions from 200 to 100,000. We have no experience of this heroic treatment, but can safely assert that if the first part of it—the dietetic—is successful, the babies and the milk of Ulrichsville are differently made from those in most other parts of the world. One remark, however, in this important paper we can cordially endorse, viz., that "rest from feeding, except fresh water for 8 to 10 hours at the first," is a most important measure.

TONSILLOTOMY AND ITS THERAPEUTIC EFFICACY.—Dr. Kitchen, of New York, has an article in the *New York Med. Record*

from which we abstract the following:—No one but an expert should use a knife around the tonsils, nor, if it be avoidable, should anyone make a clean cut so near as large an artery as the tonsillar is at the base of the tonsil. The lumen of this vessel rapidly decreases in size as it penetrates the tonsil, and if Morell Mackenzie's tonsillotome is used, no fear need be felt that vessels will be severed too near the larger trunk. The Mackenzie instrument is rather bulky and clumsy, but it is strong and rigid, and there is a certainty in its use that does not pertain to any other known to me. With a frightened, struggling child it would be difficult to operate at all with any instrument other than Mackenzie's without systemic anaesthesia, and that alternative is undesirable. An assistant is not needed where the patient is under moral control if a high-backed operating chair is used, or other resisting backing to the head is provided that will prevent the jerking back of the head at the critical moment when severing the tonsil. In nervous cases, and with children, it is desirable to have an assistant to hold the head and press the tonsils towards the median line from without. Very young children should be wrapped in a sheet and be firmly held in the lap of the assistant. Cocaine may be used, though the cutting is not very painful, most of the discomfort resulting from the pressure in the fauces of the bulky instrument while crowding it over the tonsil. Cocaine is useful to shrink very large tonsils to the calibre of the instrument's fenestrum, but is a disadvantage when the tonsils are small; for, as a rule, it is difficult to take away enough tissue in making the cut. With the Mackenzie instrument one need never be afraid of removing too much. It is desirable to operate by artificial light reflected from the forehead mirror; but in that case the operator must be familiar with the use of the head mirror, and be able instantly and automatically, to follow every motion of the patient's head with the directed illumination during the few seconds consumed by the operation. Unless ambidextrous, operate first on the side of the least dextrous hand. Inserting the instrument with one hand, the cutting blade being retracted, use the first and middle fingers of the other hand to depress the tongue and to crowd the fenestrum of the instrument over the tonsil holding it in place, pressing the instrument outward as far as possible. Then, seeing that the blade of the instrument is held parallel with the antero-posterior and perpendicular lines, with the thumb press the blade firmly, and rather quickly, through the tonsil, which will generally be found clinging in the fenestrum on withdrawal of the instrument. Then, without giving the patient time to bewail his woes,

firmly and decisively command him to open his mouth, and then excise the opposite tonsil. Always have a large pitcher filled with water and finely cracked ice previously provided to control hæmorrhage. I have never had a case that could not be controlled by taking large mouthfuls of finely cracked ice in the mouth, and allowing it to come freely into faucial contact. Sometimes bleeding should be encouraged by free gargling with hot water. Although dangerous hæmorrhage is rare, its possible occurrence should always be borne in mind, and its control by pressure or torsion be provided for. Pressure with prepared styptic cotton or other textile substances is efficacious, but astringent powders or solutions used alone are an ineffective nuisance as a rule. Antiseptic cleansing of the throat during healing is desirable, especially if diphtheria is prevalent.

I believe that all who have had any wide experience in excising tonsils will agree that only good can result from a properly performed tonsillotomy. It does not prevent or cure every throat ailment. It will not entirely prevent those due to diphtheria, scarlet fever, measles, la grippe, syphilis, malaria, exposure to cold, etc., though an improved tone in the tissues of the throat, due to the operation, will be helpful in preventing some of those disordered conditions. However, the operation will almost entirely prevent attacks of follicular, as well as peritonsillar inflammations. Septic contamination is, with little doubt, an essential factor in these troubles, especially in phlegmonous tonsillitis (quinsy), and the cicatrized surface of the stump of an excised tonsil is apparently a successful barrier to the entrance of such germinal matter. I have in a number of cases removed one tonsil from patients, and in every case these same individuals have returned and had the other removed because they found immunity from tonsillar affections on the excised side, while they continued to have trouble on the unexcised side.

For several years I have resorted to this operation to abort attacks of quinsy, and, so far, always with success. This practice is contrary to what I was taught, and what, so far as I know, is still taught in the books, which say wait until after inflammation has subsided before operating. Here is an additional list, probably incomplete, of what this operation will remedy: Anæmia, chorea, and other effects due to insufficiently aerated blood; noisy respiration, snoring, cough peculiar to the condition, impaired voice and articulation; shortness of breath, palpitation of the heart, and spasm of the glottis; broken sleep, nightmare, difficulty in swallowing, bad breath, disturbances of digestion, and impaired taste; mouth-breathing and facial deformity; hypersecretion of mucus and

post-nasal catarrh; impaired nasal respiration and hearing; sometimes local pain, follicular pharyngitis and laryngitis.

EARLY MECHANICAL TREATMENT IN INFANTILE PARALYSIS.—Dr. Townsend (*Med. Record*, January 30th, 1892) insisting on the necessity for early treatment of these cases, says:—

“The deformities are usually due to two causes, trophic changes in the limbs, and muscular paralysis of one set of muscles, permitting the opposing set to contract and thus change the normal relations of the limb.

“All of these difficulties may be largely overcome if we will simply bear in mind the regular progress of the disease, in the early stages use *strychnia* and other drugs, give electricity faithfully and for a considerable period, employ massage and manipulation and heat, and use mechanical treatment from the beginning. Do not permit the contractures to occur. Retain, in the case of the lower extremity, the foot, ankle and knee in their proper and normal positions. See to it that as the child begins to walk, if disease come on in the first year of life, that it walks on the sole of the foot, and with foot at a right angle to the leg; this is easily accomplished by any of the simple form of braces. If the disease come on at a later period, see that as soon as walking is resumed the foot is in proper position. If the child show a tendency to contractures before it begins to walk, put the limb up in plaster-of-Paris, a suitable brace, or fasten the limb to a cuirass or frame.

“Prevention of deformity should always be our aim; the form of apparatus to be used is to be regulated by the needs of each particular case, care always being taken to as near as possible permit the unaffected muscles to act in their normal relations, and to give the palsied muscles every chance for legitimate action and stimulation.

“If these cases were thus systematically treated and the deformities prevented, it seems to me that possibly some of the deformities now ascribed to trophic changes might be somewhat diminished, as we know that the growth of a bone is somewhat dependent on the growth of the muscles attached to it; and in cases of club-foot, where the patient simply walks on the foot as if it were part of the lower end of the tibia and fibula, not using his extensor or flexor muscles, they certainly do not have the same chance to develop as if they acted properly; and although they may not act perfectly, yet with a proper brace, if they have any power they are so placed that they can develop.

“Dr. Gibney, in a paper read at the meeting of the American Neurological Association in Washington, in Sep-

tember, in speaking of 'the supplemental treatment of the paralysis of acute anterior poliomyelitis,' says that 'a palsied muscle or a group of palsied muscles are often very much handicapped by contracted tendons, or muscles of the opposite side of the limb. Because of these contractures local treatment is inefficient. However efficient the galvanic or faradic current, or even massage, may be, if the muscle is overstretched this efficiency is certainly minimized—a palsied muscle or a group of palsied muscles respond better to local treatment after a period of rest, or at least after being retained for a longer time in normal position. This being true only further emphasizes the necessity for early mechanical treatment in infantile paralysis.'

EDWIN A. NEATBY.

LARYNGOLOGY, &c.

BOROGLYCERIDE IN OTITIS MEDIA WITH SUPPURATION.—Dr. Linnell, *Journ. Oph. Otol., &c.*, April, 1891.—This preparation is preferable to pure *boric acid* in middle ear suppuration as a local application. There is less tendency for the preparation to cake in the meatus and thus form an obstruction to the exit of the pus. The fact that it is a highly hygroscopic body also favours cure by reducing congestion or swelling of the tissues. It is particularly useful in cases of sub-acute or chronic mid-ear suppuration with offensive discharge. The best method for using is to well cleanse the tympanum, and then, with the head inclined to the opposite side, to instil a few drops into the meatus of the diseased side. The use of the air douche of Valsalva whilst the substance is in the meatus will ensure a thorough penetration of it.

ALMOST FATAL DEPRESSION OF THE HEART FOLLOWING THE LOCAL USE OF COCAINE.—Dr. Green, *Journ. Oph. Otol., &c.*, April, 1891.—A case of epistaxis in which a pledget of cotton wool soaked in four per cent. solution of cocaine was applied preparatory to plugging. In about five minutes he began to vomit, and became pulseless, cold perspirations came on, and death appeared imminent. Gr. $\frac{1}{50}$ of digitaline was injected hypodermically, and one-half ounce of whisky administered, and he quickly recovered. The writer advises the administration of digitalis in similar cases, and considers that 2x trituration of the drug dry on the tongue in gr. ii doses is an excellent antidote.

The abstractor has on more than one occasion seen faintness and slight collapse come on in patients after the local use of cocaine, and once the symptoms appeared in himself

after a hypodermic injection of 5 minims of a 20 per cent. solution, and he found that the administration of brandy, and inhalation of ammonia vapour is sufficient in ordinary cases.

CASE OF MELANOTIC SARCOMA OF NARES.—Shallcross, Philadelphia, (*Hahnemann. Monthly*, January, 1892). Report of a case of melanotic round-celled sarcoma of nose growing from the semilunar cartilage of septum. Removed by snare and curette, and after the application of chromic acid. Frequent epistaxis had been one of the prominent symptoms before operation, and this had been checked by *hamamelis*.

DUDLEY WRIGHT.

NOTABILIA.

TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL AND DISPENSARY.

ANNUAL REPORT, 1891.—The dispensary was established in 1868, and its progress has been from time to time noted in our pages. In 1890 an in-patient department, or hospital proper, was formed, and the dispensary now becomes the out-patient department of the hospital. During 1891 the out-patients numbered 1,160, as compared with 1,012 in 1890, and the in-patients between 40 and 50. A consulting staff has been formed, consisting of Dr. Smart and of Dr. Burford and Mr. Knox Shaw of the London Homœopathic Hospital. Dr. Neild is the visiting physician, and Mr. Pincott the surgeon, to whom is recently added Dr. Percy Capper. With such a staff the hospital starts well equipped.

A most important feature of the work has been a large number of visits paid at the homes of the patients when too ill to attend the dispensary. In 1890, 727 such visits were paid, and in 1891 no less than 1,050. The committee very properly voted an honorarium of £50 to their hard-worked medical officer who undertook this branch of the service. The financial condition is satisfactory, a small balance being in hand at the end of the year.

BUCHANAN COTTAGE HOSPITAL, ST. LEONARDS- ON-SEA.

ELEVENTH ANNUAL REPORT, 1891.—This is a model report of—judging by the report—a model hospital. The hospital possesses 19 beds (including three private wards), and its daily average of patients has been 17.69, and in the general wards.

15.68 out of 16 beds have been constantly occupied. It is seldom indeed that any hospital is worked so closely to its utmost capacity as this. We have always heard, from private sources, that the Buchanan Cottage Hospital enjoyed an enviable reputation for homeliness and comfort. When we learn that this comfort is secured to its fortunate inmates at a cost of only twenty-four shillings per patient per week, and remember that it is a small institution having an unusually large proportion of surgical cases, we can only congratulate most heartily the authorities on the success and economy of their administration. Many a larger and older institution might, with advantage both to subscribers and patients, take a leaf out of this book. We notice also that for some nine months an out-patient department has been conducted with considerable success.

BRIGHTON HOMŒOPATHIC DISPENSARY.

WE have received the annual report of this institution for 1891. There has been an increase in the work done at the dispensary, but not in the visiting department. The visiting medical officer, Mr. Rean, finds it difficult to overtake more than at present, and another colleague is needed. Mr. Rean has established a department for eye-diseases, where, we understand, much good work has been done. Dr. Hughes is the hon. physician.

LAPAROTOMY AT THE LONDON HOMŒOPATHIC HOSPITAL.

A SPECIALLY interesting abdominal section was performed on March 10th by Dr. Burford, on a young girl aged 17, who suffered from a large and rapidly increasing solid abdominal tumour. An unusually well attended consultation had unanimously advised immediate operation, considering the condition of the patient. A very large and heavy solid ovarian fibroid was removed by Dr. Burford, some extensive adhesions dealt with, and the abdomen closed. The patient has done very well, and is practically convalescent. We hope to publish clinical details of this rare and successful case in a future issue.

Since the retirement of Dr. Carfrae, Dr. Burford has been elected Physician for Diseases of Women, of which department he has at present sole charge.

SCARBOROUGH HOMŒOPATHIC DISPENSARY.

THE Scarborough Homœopathic Dispensary appears to flourish—or perhaps we should say the work done by the medical officers does so. The attendances numbered 7,985 at the

dispensary and 5,865 visits were paid at home. The honorary medical officer is Dr. Flint. Mr. Alfred Ross does the hard work of the institution, receiving a modest honorarium for his valuable and sometimes onerous services.

A slight falling off in donations and subscriptions has been met by the payments of patients.

OXFORD HOMŒOPATHIC DISPENSARY.

NINETEENTH ANNUAL REPORT, 1891.—We are pleased to note that there is an upward tendency in the numbers of patients at the dispensary, an increase of 104 having taken place during last year. As is the case in so many of our homœopathic dispensaries now, home visits are paid by the medical officer, and are greatly valued by the patients who are too ill to attend and too poor to pay for professional advice. Dr. Guinness still continues his indefatigable services to the institution.

THE SALE OF LIQUOR TO CHILDREN.

THE *Lancet* (March 26th) says: "A public meeting has been held in Liverpool to form a league to prohibit the sale of drink to children. . . . We heartily wish success to such an effort. It is monstrous that children should be allowed to enter public-houses. This is an evil which the police might greatly lessen if they were required to report on it in every case." We need hardly add our approval of the proposal, and our sympathy with the comments of our contemporary.

FEIGNED HÆMOPHILIA.

MR. UNVERRICHT showed a patient who for several months had bled from the ears, nose, and eyes, and had frequent hæmaturia. The right side of the body showed paralysis, and there was hemianæsthesia and hemianopsy. At a time when hæmaturia was supposed to be present, the urine was drawn off under chloroform narcosis and found normal. At the same time a needle was found adroitly concealed in the hand. This was replaced before consciousness was recovered, and shortly afterwards another bleeding from the ear occurred, but this time the puncture of the needle was plainly visible in the external meatus. It was further demonstrated that the blindness and deafness which the patient claimed were only assumed. The opinion is advanced that such instances of bleeding from the skin, eyes, ears, etc., are always due to more or less clever simulation, and that the cause can be found if persistently looked for.—*The Lancet*.

AMBERGRIS.

THIS valuable drug which was proved by Hahnemann, has been recently brought into notice by an unusually rich find. A lump of excellent quality, weighing 186 lbs., was lately discovered floating in the Pacific Ocean, some hundreds of miles from the Australian coast. Its value in money is about \$50,000, and when retailed it will bring about three times its weight in gold.

Its great value arises from its scarcity and from its being a necessary ingredient in many fine kinds of perfumery.

Hahnemann gives an accurate description of the substance, as well as a correct account of its source, quoting Dr. Swediaur's communication to the Royal Society.

It is undoubtedly either identical with or analogous to cholestrin, being a fatty substance, soluble in ether, from which it crystallizes on evaporation in beautiful white crystals, characters which agree well with cholestrin. Moreover, being found in the intestines of the sperm whale, its source makes this all the more probable.

Gall stone colic in the whale is thus not without its advantages to man.

SHORTENING THE INFECTIVE PERIOD OF
SCARLET FEVER.

DR. W. A. JAMIESON, of Edinburgh, advocates washing daily with a 8 per cent. resorcin soap in cases of scarlatina. He begins as soon as any sign of desquamation is observed, or shortly before. From the observation of a large number of cases he estimates that on an average desquamation begins at the ninth day. In sixty-two unselected cases he found the average duration from the onset of the disease to the completion of desquamation to be 55.5 days, when no accelerative treatment was used. The average duration with the daily washing was 40.26—giving a clear gain of over a fortnight. To protect the hands of the nurse, rubber gloves or the careful use of a sponge are necessary, and it is well after drying to smear the body with a small quantity of bland oil. Dr. Jamieson adds that a resorcin salicylic superfatted soap is made by Beiersdorf, of Hamburg, and by Muhlens, of Cologne. The addition of the salicylic acid is necessary to prevent decomposition of the resorcin.—*Lancet*, 1891, p. 604.

VESICO-VAGINAL FISTULA.

DR. CORSON (*New York Med. Times*, July, 1891) makes a suggestion which he thinks may occasionally be of use in

operating for vesico-vaginal fistula, especially to those who are not experts. In cases where the cervix uteri has suffered from the pressure which led to the fistula, and is so far injured or absent as to be useless as a point on which traction may be made, the author has found the following plan of use. Take a flexible rubber disc, through the centre of which is passed the shank of a button; to the shank of the button fix an inelastic string; fold up the rubber and pass through the fistula into the bladder, where it will expand to its discoid form. Traction may then be made upon the string. The rubber forms a firm basis upon which to cut, and the pressure it exerts controls hæmorrhage.

HYPODERMIC INJECTION OF THYROID GLAND OF SHEEP FOR MYXŒDEMA.

DR. BEATTY, of the Adelaide Hospital, Dublin, reports (in the *British Medical Journal*, March 12th, 1892) a case possessing the distinctive features of myxœdema. The patient was a married lady, æt. 45, the mother of several children. She exhibited the swollen waxy anæmic face, with thick lips and large tongue, the large and thick fingers, hands and feet, and the absence of the thyroid gland and deficiency of memory. The blood contained only 70 per cent. of the normal amount of hæmoglobin.

Massage and rest were tried alone for some weeks, with only slight benefit. After this time an extract of sheep's thyroid was prepared with equal parts of glycerine and half per cent. solution of carbolic acid. Every precaution to preserve asepsis was used. Four injections were given three times a week, with intervals of from four to ten days after a series of three injections. The improvement, which is stated to have been "really marvellous," was strikingly manifest in a week, and ended in a practical cure.

REMOVAL OF MOLES.

MOLES on the face may be successfully treated by the use of *sodium ethylate*. The mole is painted with the *sodium ethylate*, a fine glass rod being used. When the mole has a varnished look, the *ethylate* is gently rubbed in with the glass rod to make it penetrate more deeply. The mole turns nearly black, and a hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off, the mole is much lighter than before, and this treatment can be continued until the mark is scarcely noticeable.—*New York Medical Times*.

OBITUARY.

In Memoriam.**MAJOR WILLIAM VAUGHAN-MORGAN.**

*Late Chairman and Treasurer of the Board of Management of
the London Homoeopathic Hospital.*

Formerly of the 3rd Batt. Royal Fusiliers.



WILLIAM VAUGHAN-MORGAN, whose death at Grasse on the 20th of February was recorded in our last number, was born at Glasbury, Breconshire, in January, 1826. During the earlier part of his career he was at the head of the firm of Morgan Bros., druggists' sundriesmen and merchants, having extensive connections in the Colonies and the United States. They are also well known as the proprietors of *The Chemist and Druggist*, *The Ironmonger*, *The Grocer*, and other successfu

trade journals. The first of these was started in 1859, as little more than a circular intended to push the interests of the firm. Soon after its appearance it was found that it might with advantage be converted into something of a higher order, and Major Morgan, taking in hand the editing, and throwing into it his well-known energy, enabled it to acquire so wide a popularity among the members of the trade it represented, that it became in no short time the acknowledged organ of the chemists and druggists throughout the country. Such was its success that it was found desirable after a time to transfer the editorial management to other wise and unoccupied hands, and prepare for its enlargement. A gentleman of considerable scientific and literary attainments was engaged to edit it, and for him an efficient staff was provided. From year to year an increased circulation has been the result of careful and liberal management on the part of its proprietors, and of useful, trustworthy, and judicious editing by those they have placed in charge of it. Thus it has arisen that at the present time *The Chemist and Druggist* is regarded as the most important periodical at present circulating among the members of the trade, as well as being a very valuable property to its owners. The success of this and the other journals belonging to the firm is, we believe, largely due to Major Morgan's resolution to obtain the very best editorial assistance he could secure, and by liberal dealings with every one employed in conducting them to make it the personal interest of each to render them of value to those requiring information on the subjects of which they treated.

From all active participation in the business of his firm he withdrew many years ago. With this retirement from business, however, he was far from ceasing to be a busy man. He took a warm and active interest in the affairs of the regiment of militia, of which he was for many years an officer; was a zealous politician, an original member of the National Liberal and Devonshire Clubs; and ever devoted a very large portion of his time and energy to promoting the welfare of several philanthropic institutions, of which the London Homœopathic Hospital was to him the chief. Like Lord Ebury, the late Mr. W. Leaf, Mr. Henry Tate, and others, who have devoted time and money to extending the knowledge of it, Major Morgan's interest in homœopathy arose from his personal experience of its great value, an experience which impressed him with a strong sense of its importance to the health and longevity of the community at large. When responding to the toast of "Homœopathic Hospitals" at the Congress dinner in 1884, he said: "I certainly plead guilty to the

fact that I take a deep interest in homœopathy, and I may add that I must confess to that interest being rather a selfish one. It is perfectly true that all paths lead to the grave, but I believe that the homœo-path leads to it very much more slowly, and much more pleasantly, than the other path. Believing this, I naturally do what I can for myself, and also for my fellow-creatures." It was the desire to be useful in extending a knowledge of homœopathy through the work of a hospital that led him to take such a never-flagging interest in institutions designed to promote its development by clinical illustrations of its power. "I regard the hospital," he said, on another occasion, "in the light of a missionary hospital. If it is looked at simply as a hospital for the medical treatment of the sick poor, then I can urge no more reason for its existence than I can for St. George's."

Actuated then by a desire to promote an institution which was affording a practical demonstration of the control which homœopathically-chosen remedies exercise over disease, Major Morgan, at Dr. Yeldham's request, accepted a position on the Board of Management of the London Homœopathic Hospital, which was confirmed at the annual meeting of the governors and subscribers in 1868. He was shortly afterwards selected as a member of the committee appointed to arrange the dinner in aid of the funds of the hospital, presided over by Lord Elcho, in the following year, at which £1,800 was subscribed. It is interesting to note, that at the last public dinner held in connection with the affairs of the hospital, at which Major Morgan was present, the same nobleman, now Earl of Wemyss and March, occupied the chair, and the sum then subscribed in aid of the new building fund amounted to £4,300. Various structural alterations and improvements in the hospital took place during the ensuing three or four years, in procuring funds for which, not less than in carrying them out, Major Morgan took a very active interest.

On the death of Mr. Hallett, in 1874, he was selected to take his place as a trustee, and in the following year, on the retirement of Mr. Rosher from the office of treasurer, Major Morgan was unanimously requested to accept the vacant post. No appointment at the hospital has been more fruitful in results of permanent value than this. As a member of the Board of Management Major Morgan had carefully studied the requirements of the institution, and had formed plans for their fulfilment, and now with the power and responsibility resting in his hands as treasurer, he at once made his influence felt. In 1876, at a time when the hospital appeared to be in very low water, in responding to the toast of "prosperity to

homoeopathy, its institutions, hospitals, literature and societies," proposed by Dr. Clifton, at the congress dinner of that year, he made the first of those stirring appeals to medical men to assist in obtaining funds for the support of the hospital which he has since so frequently addressed to them. He was in thorough earnest, and spoke plainly. "My own opinion," he said, "looking at the present state of the hospital, is that the medical men of the country are not doing their duty by it. I think they ought to come to one of two conclusions: they ought to decide, either that the hospital is useless—and if so let them close it—or otherwise, deciding that it is of some use, they ought to support it; and further, they might decide that it could be made of some use, as at present it is of very little advantage, and in that case they ought to inform the committee of management what should be done to render it more useful. We are only too anxious to hear from medical men what they would like us to do with the hospital. We feel that it is not as creditable to us as it ought to be." This criticism gave rise to some feelings of annoyance and disappointment to a few who had long interested themselves in the progress of the institution, and in reply to a letter addressed to him at their suggestion requesting some explanation, he said:

"I felt bound to take the opportunity of urging upon the profession the need of more zeal and activity in interesting themselves about the medical affairs of the hospital, and about inducing their patients and friends to help us with the funds which we so much need—our present deficit is apparently *one thousand pounds*,—I hope, in fact, to arouse some enthusiasm in our cause.

"My remarks did not appear to give any offence at the time, and that they have not fallen upon barren ground is evidenced not only by the correspondence, but by the increased subscriptions and donations that have since come to hand, not to mention that the beds have since found occupants."

We refer to this incident because we believe that it marks the commencement of a turning point in the history of the hospital, and that this point was reached so soon as it was, was, we do not hesitate to say, due to the earnest, honest, outspoken remarks of Major Morgan on that occasion. Three years later, and the hospital was *out of debt*; the number of in-patients had increased from 395 in 1875 to 552 in 1878; while in 1881, when speaking at the dinner given to the late Dr. Bayes, he said:—"As treasurer of our hospital, it is my pleasing duty to state that it is at the present time financially and structurally in a better con-

dition than ever it was in the whole course of its existence." The income of the hospital from being £2,727 in 1876, rose to £4,880 in 1881. The constant devotion to the interests of the hospital, the incessant work in devising and carrying out schemes, such as bazaars, theatrical entertainments, concerts, conversaziones and the like, to increase its funds, and the never-tiring watchfulness exercised over the expenses, involved in conducting such an institution required to produce so considerable a revival in the interest taken in it, and of increase in its usefulness, as these facts and figures represent, can be more easily imagined than they can be adequately described.

On the death of Earl Cairns, the President of the Hospital, in 1885, Lord Ebury, acceding to the unanimously expressed wishes of the Board, consented to fill the late Earl's position. The chairmanship being thus rendered vacant, Major Morgan was, with equal unanimity, requested by his colleagues to preside over them. He now became chairman of the Board, and, at the same time, continued his services as treasurer of the hospital. In congratulating "the members of the Board and all friends of the hospital on the excellence of the appointment," *The Monthly Homœopathic Review* said:—"No one of late years has worked harder or more successfully in improving and developing the resources of the hospital than has Major Morgan. Steadily and constantly, regardless of occasional disappointments and discouragements, he has, through evil report and through good report, perseveringly devoted himself to the work of rendering the institution as perfect as possible in all its departments, and he has done so successfully." At the same time Mr.—now Sir—Robert Palmer Harding, who within the last few months succeeded Major Morgan in the treasurership, joined the Board of Management.

The Nursing Institute was a department of hospital work in which Major Morgan took great interest. During his early connection with the Board, nurses were occasionally lent to private families, but previously to 1877 no organization existed for supplying them for this purpose. Some little while before, the present highly efficient Lady Superintendent of Nurses had been appointed, and, taking advantage of her exceptional capacity for educating young women as nurses, the Board increased their nursing staff so as to allow on the average eight nurses—ten remaining in the hospital—to be engaged in attending to private cases. This was the nucleus of what is now known as the Nursing Institute. Each year since has witnessed an enlargement of the hospital staff of nurses, until now there are fifty-two in the institution. In

1882 an appeal was made for funds to adapt a house adjoining the hospital—which had been purchased some few years previously—as a home for nurses on returning from duty. A subscription was opened, Major Morgan, as on every similar occasion, showing the way with a handsome donation. The house, 1, Powis Place, was then reconstructed, and the rooms of the out-patient department enlarged and improved. This practically new wing of the hospital was opened by Lady Ebury, on the 5th of April, 1884. The present nursing arrangements produce, it must be noted, a net profit to the funds of the hospital of about £700 a year. That the nurses have been found efficient in their work, attentive to and sympathetic with patients entrusted to their care, is the testimony of all who have employed them. During Major Morgan's last illness at Grasse, two were sent to attend upon him from the hospital.

While the London School of Homoeopathy was in operation, Major Morgan actively assisted the late Dr. Bayes in providing the necessary funds and in the general management of the arrangements. The School Fund—a memorial of the energy and enthusiasm of Dr. Bayes—still exists, and pending a demand for the public teaching of homoeopathy, the interest derived from it is applied to the support of the Hospital, or rather to that part of it known as “The Bayes Ward.” So small a sum was of course inadequate to maintain a ward, the expenses of which would, it was estimated, amount to £500 a year. To the School Fund was added a memorial fund, raised by the friends of Dr. Bayes, to commemorate his great services in spreading a knowledge of homoeopathy. Major Morgan, in 1886, set to work to raise an addition to this. He commenced as usual with a donation from himself giving £1,000. The Board followed his lead in sums varying from five to a hundred guineas each, and a lady, a friend of Major Morgan, contributed £500. Subsequent donations, together with the produce of a bazaar and fine art distribution, raised the capital sum to be devoted to sustaining the Bayes Ward to £6,000, and this, it was considered, justified the Board in making this addition to the resources of the hospital, and accordingly it was, in a few months, opened for the reception of patients.

Early in 1887 Major Morgan summoned a meeting of the Board of Management, the Medical Council, and the medical staff, to consider and discuss projects of further improvement in the work of the hospital. The immediate practical result of this gathering was the initiation of the movement for establishing a convalescent home, at some health-resort of good repute, for patients on leaving the hospital. To raise funds a concert,

arranged by Major Morgan, was given at Grosvenor House, the residence of the Duke of Westminster, on the 28th of May in that year. The entertainment realised £250. To this sum other subscriptions were speedily added, together with two legacies—the total amount being, the Board of Management considered, sufficient to justify them in proceeding to execute their plans. A house was purchased at Eastbourne, and, having been adapted for the purpose it was intended to fulfil, the Homœopathic Convalescent Home was opened on the 25th of August, 1888. The second annual report of the institution showed that during the year, 107 women and 48 children, with 24 nurses from the hospital, had been admitted, while not less than 400 women and children had been received there since the opening. The institution is, however, still incomplete, inasmuch as there is no accommodation for men patients. In the last report of the Home we read:—

“The Board still look forward to the time when the extension of the Home for the reception of men can be brought under the attention of the subscribers and donors as a practical scheme. They are persuaded that the proposal only needs to be definitely submitted to the friends of the Home in order to secure the amount of £1,500 which is necessary. One Eastbourne lady has already given a donation of £10 for that purpose. Another Eastbourne friend has promised £100. It is needless to add that any promises of support would now encourage the Board to make early efforts to raise this small sum for the completion of the original scheme. There is no class of patients for whom homes of this kind are so necessary or so beneficial as men recovering from severe illnesses; and especially is it desirable that there should be one under homœopathic auspices within easy reach of London.”

We cannot doubt that there will be a strongly and generally expressed desire on the part of all who take an interest in homœopathy, and in the central hospital representing it, to provide some lasting memorial of one who has laboured so assiduously and for so many years in the interests of both as the late Major Vaughan-Morgan has done. This being assumed, we think it would not be easy to find a more suitable form for such a memorial to take than the completion of the Eastbourne Homœopathic Convalescent Home, and giving to it the name of the Vaughan-Morgan Convalescent Home. Few things would, we are sure, have been more gratifying to him than the finishing of a work which he initiated, which he exerted himself so zealously to carry out, and one in the operations of which he took so warm and active an interest.

The last effort which Major Morgan was able to make to render the hospital thoroughly effective for its purpose, was to raise a fund to provide for its re-building on the site of the present premises. The idea of re-building was no new one; the conviction that to keep pace with sanitary science, to afford the patients the full benefit of the lessons taught by the most recent pathological researches, the present structure must be abandoned, had long been rooted in the minds both of the Board and the medical staff. Speaking at the annual meeting of the governors and subscribers in 1888, Major Morgan, when bringing before them the proposals for the Nursing Institute buildings, said: "There is a feeling on the part of the medical men that we ought not to spend money on our present building. It is a very old and cranky building. Nothing would please us better than to have a new building, but there are manifold reasons why we are not tempted to enter upon such an undertaking. If once you enter upon re-building operations, and its contingent liabilities, you plunge into a sea of difficulties and perplexities, and you do not know what expenses you will ultimately incur. To justify us in acquiring a new building, we should be obliged to ask the public for at least £10,000, in addition to what we should require to take from our reserve fund, and I do not see the probability of getting it. I do not speak without book. Some three years ago I made an attempt to raise a large fund for this very purpose. I sent to some of our oldest medical friends, and offered to start the subscription with a contribution of £1,000, but their opinion was decidedly unfavourable."

Thus the idea of re-building had been present to Major Morgan's mind for some years, but while ever remaining watchful, he bided his time, and waited a favourable opportunity for making the necessary appeal to the public. In 1889, after much consideration and the necessity for a new structure having become more apparent than ever, it was concluded that the hour had struck when such an appeal must be made. At the annual meeting of the governors and subscribers, when seconding a resolution for the adoption of the report, he referred to the great and growing necessity for an entirely new building as having been present to the minds of the Board for a good many years past. "We have" he continued, "spent a great deal of money on our present very old structure, but have never done so without feeling how much better the money could be spent if we could have invested it in a new hospital, more fitted as a building to take its place among the hospitals of the Metropolis. We have largely improved our present accommodation, so that for a good

many years past we have certainly had the advantage of the amounts which have been expended in repairs and alterations. But now the medical staff assure us that a building so old can never enable homœopathy to compete as it should do with the ordinary hospitals, in which all those great sanitary improvements exist which have done so much in recent years to perfect hospital work. Some friends are willing to start the fund substantially. One promises £1,000, a lady another £1,000, and I hope that in a little time more promises will be received, so that we may be encouraged to go on."

At the annual meeting in the following year, the Board, in their report, directed attention to the proposal to rebuild in very decided and, at the same time, in very encouraging terms. They had, at the date of the report, received promises amounting to £6,000, which included one of £2,000 from Major Morgan. Within two months of this meeting the promised sums had reached upwards of £15,000. In the June number of *The Review* appeared a letter from Major Morgan, setting forth the plans devised for raising "a *minimum* amount of £30,000." Until the subscription had reached this figure the Board very wisely declined to commence operations.

A concert at the Duke of Westminster's, at which Madame Nordica, Mr. Sims Reeves, Mr. Hayden Coffin, Mr. Barrington Foote, Madame Belle Cole, Miss Marguerite Hale, Miss Marjorie Leigh, M. Nacher and M. Gillet, with Mr. Raphael Roche as conductor, gave their very valuable services, produced about £200. In another month the subscription list amounted to £18,500. In the August number of *The Review* it is announced as exceeding £20,000, in October as £21,500. In December the influx of subscriptions, great as it had been, not corresponding with the measure of Major Morgan's zeal, a letter from him appeared in *The Review*, asking our readers to kindly consider if they could not afford further help, and stating that the amount paid and promised was £28,150, and that the Board had decided to provide a sum not exceeding £4,000, so that the balance required before a beginning could be made was £8,000. During the first six months of last year this amount was acquired.

Thus between the meeting in April, 1889—when promises of £2,000 were announced—and June, 1891, £26,000 had been raised, and of this £20,000 had come in within twelve months. That the thorough success of the appeal made by the Board was largely, very largely, due to Major Morgan's efforts in procuring subscriptions, and yet more to the public confidence which his work as chairman and treasurer had created in the hospital, was the opinion of the members of the Board, and of all who had

watched the progress of the institution during the last fifteen or sixteen years. That this opinion might find a fitting expression, the board, the medical council, the medical staff and the governors and subscribers of the hospital united in inviting him to a banquet to congratulate him on the attainment of a total of £26,000 for re-building the hospital, and to place in his hands, as treasurer, a further sum towards the completion of the required £80,000. When the invitation was suggested, and made in a form which he could only regard as a personal compliment, he declined it; but when to this was added that it would afford an opportunity for completing the fund needed, he at once acceded. The dinner took place at the Metropole, on the 18th of last July, the Earl of Wemyss and March occupying the chair at the request of Lord Ebury, whose great age alone precluded his doing so. In a letter his lordship expressed his "real grief at being unable to be present to do honour to a man who had been one of the greatest supporters of the hospital, and one of its ablest counsellors." The Earl of Wemyss, in proposing Major Morgan's health, after describing the results of the work which had been done in developing the resources of the hospital, said that they were met "to do honour to the man to whose exertions they owed the excellent results achieved. Those results were mainly, if not entirely, due to the advice and energy of Major Morgan." After some further observations on the services the chairman and treasurer had rendered to the hospital, his lordship said, in concluding his speech, "I will simply ask you to drink Major Morgan's health, thanking him in your name and in the name of all the patients who have passed through the hospital during the last fifteen years; and, remember, that the most practical way in which you can show your appreciation of his work is by completing the sum which is wanted." This appreciation was shown in the way the noble lord had suggested; £4,800 was subscribed, and the minimum amount required by the Board before re-building could be commenced was more than reached.

Since the brilliant result we have just recorded was achieved, other sums have considerably added to the £80,000 required to set building operations on foot. Of these was one of £100 contributed by the nurses as the result of a sale of work organised by them, and of gifts obtained for the hospital through them from patients they had nursed.

We understand that the plans, in the preparation of which Major Morgan, as may be readily supposed, took the deepest interest, are approaching completion, and that the re-building will commence in a few weeks.

During the last summer and autumn Major Morgan's health failed rapidly, so much so that in September he felt obliged to resign the office of treasurer, to which his old friend Sir Robert Palmer Harding was appointed. After a stay in the South of England he removed to Grasse, near Cannes, hoping that the milder climate would be of advantage to him. Dr. Giles, of Cannes, attended him in this his last illness, but the nature of the disease which had obtained a hold upon him rendered relief either from climate or any other source impossible, and after much suffering he died at Grasse on the 20th of February, and was buried at Cannes two days later.

As we have noticed already Major Morgan's never-tiring efforts to promote the efficiency of the hospital were made in order that it might afford a public demonstration of the power of homœopathic therapeutics in the treatment of disease, and supply a means of studying the homœopathic method by medical men, rather than to sustain an institution merely as a refuge for the poor in the hour of sickness. This interest in homœopathy he never failed to show in other directions.

In 1888 the Board of St. George's Hospital — with many beds empty for lack of funds to support them — convened a meeting of West-end residents, with the Duke of Cambridge in the chair, to recruit its exchequer. *The Times*, in a leading article published on the day on which it was held, earnestly advocated its claims. During the progress of the meeting, Major Morgan telegraphed to H.R.H. in the chair, his readiness to subscribe £1,000 each year for five years for the maintenance of beds, the occupants of which should be treated homœopathically. No notice of this munificent offer was vouchsafed! Thirty years ago a similar offer was made by a member of the Gurney family through the late Dr. David Wilson, of Brook Street. A little later the late Mrs. H. E. Gurney offered to undertake the sole charge of maintaining fifty beds if Dr. Wilson were entrusted with the care of them. In each instance the offer was declined. The refusal thus to occupy the empty beds was dictated, we have little or no doubt, by a fear lest the results of the enquiry should prove favourable to homœopathy. Those who had for long years decried homœopathy as a "fad," dare not risk the demonstration of its being a fact — and that, too, in a leading Metropolitan hospital! Better let hospital beds remain empty, than have them filled with sick and suffering people treated and cured by homœopathically selected medicines! Such is the policy, such the ethics of the majority of the medical profession of the present day!

Again, in January, 1886, Major Morgan evinced his desire to do all in his power to propagate a knowledge of homœopathy among the members of the medical profession by offering a prize of twenty-five guineas for the best essay on medical treatment, with special reference to the scientific system of Hahnemann. The essays, twelve in number, were submitted to two members of the British Homœopathic Society—Dr. Hughes and Dr. Pope—and three members of the hospital board of management—Major Morgan, Sir R. P. Harding and Mr. Bennoch—and by them the prize was unanimously awarded to J. D. Hayward, M.D. Lond., Liverpool. A copy of this essay Major Morgan sent to every medical practitioner in the United Kingdom.

When the officials of that unlucky venture called the Jubilee Hospital deprived Mr. Millican of his post as surgeon at their institution on account of his connection with the Margaret Street Infirmary, some of the medical officers of which are homœopaths, and legal proceedings ensued involving Mr. Millican in considerable expense, Major Morgan at once came to the front, and was instrumental in raising a subscription of £220, which within a very few sovereigns defrayed the costs incurred in defending the right of a medical man to prescribe such medicines for his patients as his experience had taught him were best adapted to relieve them.

In the dissemination of a knowledge of homœopathy among the public, through the medium of the Homœopathic League, Major Morgan also showed in a practical manner a very warm interest.

Animated as ever by the same desire—the diffusion of a knowledge of homœopathy—Major Morgan contributed two letters to the *Odium Medicum* correspondence in *The Times* in February, 1888. In the first—a singularly apposite and striking communication—he referred to the frequent offers that have been made for a public test of homœopathy, one and all of which had been declined! to the repression of all discussion on the subject, and to the exclusion of all advertisements of books bearing upon it from the medical periodicals. In the second, he challenged “R. B. C.” and “J. C. B.” to visit the London Homœopathic Hospital, and see what homœopathy really was, how it was practised, and the results that ensued from practising it.

Thus, Major Morgan has not only devoted himself to the development of the hospital, bringing it into a high state of efficiency as an institution for the reception of the sick, and one providing every opportunity for it to fulfil its chief end, the teaching of homœopathic therapeutics, but he has, in every way that was open to him, endeavoured to spread a knowledge of the value of homœopathy as a method of

treating disease, both among the people and throughout the profession.

Personally he was characterised, as may easily be seen, by great, indeed, indomitable energy, remarkable shrewdness of character and a thorough knowledge of the world. Few men have more fully obeyed the exhortation of the Preacher of old—*Whatsoever thy hand findeth to do, do it with thy might*—than did the late chairman and treasurer of our hospital. To its growth and invigoration he not only brought power of this type, but a highly developed organising faculty; a perfect, almost intuitive knowledge of administrative detail. His great capacity for service was further stimulated by an earnest desire to make the value and importance of homœopathy known and felt. In years gone by he had, through homœopathy, been enabled to recover from a dangerous illness, one that had baffled the skill of his previous medical attendants and threatened him with an early grave. This homœopathy, to which he owed so much, he found to be everywhere spoken against in medical circles. These medical men who had enquired into it and then studied and practised it, he found to be personally traduced by their professional neighbours and ostracised in professional society. Having felt its value; having by enquiry become convinced of its practical importance to the sick; having ascertained that it had been experimentally proved to be a life-saving, illness-shortening therapeutic method, he resolved to do all that lay in his power to extend a knowledge of it, and to place its advantages within the reach of as many of the sick poor of London as he could. Thus Major Morgan threw into the work, to which he devoted so many years of his life—a work for which he was exceptionally well qualified—an earnestness and an enthusiasm which largely contributed to render it so perfect and so useful as we have shown that it has been. His generosity, not only in the contributions he made to sustain charitable objects in which he was interested, but also in his dealings with all with whom he was brought into contact in business, in the militia, or in the hospital, was very conspicuous. How cheerfully and with how much pleasure he referred in his speeches at the annual meetings of the governors of the hospital, to the assistance afforded him by the secretary of the hospital, Mr. Cross; to the value of the services Miss Brew had rendered to the nursing institute, and to the efficiency of the nurses sent out from the institute! Nothing indeed seemed to give him greater delight than to transfer to others a large share of the credit given to him for the renewed vitality of the Institution under his charge.

His work in Great Ormond Street has been a thoroughly successful work; successful, we believe, not only in results which

may be seen by everyone, but successful also in having infused a spirit of enthusiasm into the work of the hospital among all with whom he was associated, both on the Board and in the wards. Hence, we feel sure that the operations for the further development of the hospital work, which he had so far completed when a malignant disease removed his energetic spirit from our midst, will be carried on with a zeal and energy with which he had inspired each and all of his colleagues. "*He being dead yet speaketh.*" "Speaketh" in the powerful influence he had exercised on the minds of his associates. "Speaketh" in the remembrance of the earnestness of his endeavours to do good to others. "Speaketh" in the excellence of the work which is now being done at the hospital, at the nursing institute and at the convalescent home. Yes! The influence Major Morgan has exerted at each of these institutions will live, and live for their advantage, for many a year to come.

We understand that at a special meeting of the medical staff of the Hospital, it was unanimously agreed that the following message of sympathy and condolence should be sent to Mrs. Vaughan-Morgan:—

"That this meeting of the staff of the London Homœopathic Hospital desires to express its deepest sympathy with Mrs. Vaughan-Morgan on the death of her husband, Major Vaughan-Morgan, whose valued services to the hospital for so many years had won for him the esteem and regard of every member of the medical and surgical staff, and whose death deprives the hospital of a true friend and wise counsellor."

JAMES ROSS, M.D., LL.D., F.B.C.P.

We greatly regret to announce the death, at the comparatively early age of 55, of Dr. Ross of Manchester, the Professor of Clinical Medicine, and of the Practice of Physic at Owen's College in the Victoria University, and still more widely known as the author of *A Treatise on Diseases of the Nervous System*, perhaps the most exhaustive work in the English language on this important, and of late years, most diligently studied department of medical enquiry.

JAMES Ross was born at Kingussie, Aberdeenshire, in 1837. He studied medicine at Aberdeen, taking his bachelor's degree in medicine in 1863, and his doctorate in the following year. Graduating with the highest honors, he entered the profession with that distinction which was in his case, as it has been in many other instances, the sure prognostic of the eminence afterwards attained to among its members. Having passed rather more than two years, first as an assistant, and then as a *locum tenens* to a general practitioner in Yorkshire, he ultimately settled at Waterfoot in Rossen.

dale, Lancashire, as the successor of the late Dr. Crabtree. Here, for ten years, he had a large and scattered general practice, and here too, in spite of this, by incessant study at every available moment, he engaged in scientific researches and literary work, which prepared him with a solid foundation for the duties of a consulting physician, and for those of clinical teaching. In 1876, having been admitted a Member of the College of Physicians, he removed to Manchester, and shortly afterwards was appointed Pathologist to the Royal Infirmary, and Physician to the Children's Department of the Southern Hospital for Diseases of Women and Children. Two years later he was elected assistant physician to the Royal Infirmary, becoming full physician four years ago.

While in Rossendale, he had contributed some instructive papers to the *Medical Times and Gazette* on the structure and functions of the nervous system. Here, also, he published his essay, *On the Graft Theory of Disease*, an essay which, with another *On Protoplasm*, at once attracted attention to him as an original thinker. To the pages of the *Practitioner* he was a frequent contributor. His great work was prepared during the first five years of his residence in Manchester. This—*A Treatise on the Diseases of the Nervous System*—secured for him a high reputation, both for pathological learning and acuteness of observation, not only in England, but in the United States, where it was at once accepted as an authority. It was at the request of a firm of medical publishers in the States that he prepared his *Handbook on Diseases of the Nervous System*, which was to a large extent an epitome of his two larger volumes on the same subject. Among his more important contributions to medical literature are essays on *Aphasia*, on *Peripheral Neuritis*, and on the *Segmental Distribution of Sensory Disorders*, which appeared in the *Medical Chronicle*—a journal published in Manchester.

To the *Practitioner*, he contributed several papers which dwelt upon homœopathy both from the scientific side and from an ethical point of view. Of a metaphysical cast of mind, Dr. Ross, in the matter of homœopathy, was disposed rather to argue than observe. While admitting the truth of all that is essential to homœopathy, he objected to much that was associated with it in the minds of the profession generally—to the psora theory of Hahnemann; to the explanation Hahnemann gave of the principles of *similars*; to the theory of dynamisation, and to the fact that the medicines used were in so many instances described by names unknown to the *British Pharmacopœia*. To him, these points (which all practical students of homœopathy well know have nothing to do with it) were so inextricably mixed up with it that he avoided all practical enquiry, while at the same time, from a

theoretical standpoint, he acknowledged the truth of all that constitutes homœopathy. Writing in *The Practitioner* for 1878, he says:—"No one, who is competent to form an opinion, can deny that one or two of the principles lying at the foundation of the system are substantially true. These principles are what may be briefly termed the local actions of medicines, or the elective affinities of the tissues, the double action of medicines, and the opposite effects of large and small doses." Carried into practice, these principles lead to giving in disease small doses of medicines which in health produce effects similar to those marking the disease for which they are prescribed. They constitute, so far as they go, a theoretical explanation of a homœopathically acting remedy. Had Dr. Ross at the bedside studied the results following on the practical application of his theoretical views, his career would, we are convinced, have been different from what it became.

While from the scientific side homœopathy was to him a mere "pious opinion" as it were, looked at from an ethical point of view, he was eminently practical and thoroughly outspoken in the views he held. In the paper from which we have quoted, he offers "a few remarks on the moral aspects of the present attitude of the profession towards homœopathists." He complained that, throughout the whole controversy, the question of the ethics of medical intercourse had been inextricably blended with the question of the truth or falsity of the homœopathic dogmas. That on one side as well as on the other, what ought to have been a question of liberty was argued as if it were one of truth.

In plainer terms than had ever appeared before in a non-homœopathic medical journal, he protested against the conduct pursued by the bulk of the profession towards homœopathists in the past. Thus he writes:—

"But the profession, not content to leave the question of medical consultation to individual judgment, unfortunately took collective action. During the heat of the controversy more than one of the examining boards of the Kingdom refused to grant diplomas to students who were known to be infected with the homœopathic heresy. When a student goes up for examination, he does not profess a *credo*, but a *nosco*; the examination is not a subscription to a creed, but a test of knowledge; and if a man holding homœopathic views with regard to treatment exhibits a competent knowledge of the subjects of the examination, and has, in other respects, conformed with the regulations, he has a moral right to a degree from any board of examiners in the Kingdom. Some examiners, however, so far forgot the duties of their position as to test, not merely the knowledge of the candidate, but his

belief also. Candidates were asked whether they intended to practise homœopathy, and upon the answer depended the issue of the examinations. The temptation to lie, under such circumstances, must have been peculiarly strong, and to the honour of some homœopathic practitioners, be it told, they went through the ordeal without telling a lie and suffered accordingly."

Passing from the past history of the attitude of the profession towards homœopaths, he criticised that prevailing then, and more or less at the present time, and finally distinctly and clearly states the only way the errors of the past can be atoned for.

"When," he says, "we band ourselves into a society in which the members are bound not to meet homœopathic practitioners in consultation, we not only make it difficult for those gentlemen who have discontinued their sectarianism, but we convert our association into a trades-union with coercive laws, laws which no society is justified in exercising over its individual members. We ought to show the world that we are a great and an enlightened profession, and that we do not stoop to the paltry and immoral expedients of a trades-union in order to maintain our dignity and emoluments.

"Our present position will be rectified, when it is understood that no man is to be excluded from our medical societies, and from professional intercourse generally, simply for the sake of his opinion; and this will place the question of medical consultation on the basis of individual judgment, a basis from which it ought never to have been removed. Homœopathy would even then meet with a considerable amount of opposition, but the softening influences of time have already done a good deal, and would soon do more in bringing us nearer to each other, and making professional intercourse possible and materially helpful. If every man were left to please himself, the present state of matters would work its own cure. One man would find that he could consult with homœopathic practitioners satisfactorily, another would find that he could not, and a third would find that he could meet some and not others, and so on until they would gradually amalgamate with the general body of practitioners, and all trace of them, as a separate sect be lost."

The principles he set forth in *The Practitioner* he carried out in Lancashire. Dr. Ross's opinion in obscure disturbances of the nervous system was one of the greatest value. Hence, whatever therapeutic views a general practitioner might hold a consultation with him was ever a great assistance, and we believe that he never withheld this assistance on the ground that the medical man he was asked to meet was a homœopathist.

Further, in medical societies he constantly protested against the crass stupidity and ignorance of those who, wise in their own conceits, and deluded with the belief that wisdom belonged to them and them only, contended for the 1851 resolutions of the Provincial Medical and Surgical Association.

In October, 1877, at a time when his comparatively recent settlement as a consultant in Manchester might have led to his considering silence as only discreet, he spoke out very clearly at a conversazione of the Manchester Medico-Ethical Society, on the occasion when Dr. Barlow introduced a discussion on the "Present Attitude of the Homœopaths." He urged the claims of homœopaths to free professional intercourse, and contended that a reference to history proved the correctness of their statement, that they did not leave the profession but were driven from it, and thereby forced into a distinctive position. The discussion waxed warm and lengthy, so much so that the meeting was adjourned. At the next meeting, Dr. Ross opened the discussion by recapitulating his former arguments, strengthening them by reference to the history of the separation at the meeting of the Provincial Medical and Surgical Association at Brighton. On a later occasion—in 1881—when the rabid homœophobists of the profession in Lancashire and Cheshire, dismayed by the addresses delivered by Dr. Bristowe and Mr. Jonathan Hutchinson at Ryde, held a meeting to re-endorse these resolutions, Dr. Ross energetically supported the amendment of Dr. Lowndes and Mr. Hakes, of Liverpool: "That in the opinion of this meeting every member of the British Medical Association is entitled to the freest exercise of his own individual judgment in regard to the question of meeting in consultation gentlemen who practise homœopathy." However we may regret that Dr. Ross did not put his theoretical therapeutic conceptions to a practical test, we feel assured that his influence and his example have been of great value to the development of homœopathy within the profession, to the hastening of the time when all professional disabilities will be removed from the acknowledgment that homœopathy is true not only in theory but in practice.

As a clinical teacher he was clear, precise and accurate, and succeeded thoroughly in arousing a student's interest. In clinical work he took the greatest pleasure, far more so than he did in that of the class room. Personally, Dr. Ross was a genial, kind-hearted man, full of sympathy with patients, students and personal friends, and his death, from cancer of the stomach, after a long illness, has been a source of great grief to a large circle of professional friends, and has created a feeling of deep sympathy with Mrs. Ross, her son and two daughters.

NOTICES TO CORRESPONDENTS.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Mr. J. SUTCLIFFE HURNDALL, M.R.C.V.S., has removed from Blackheath to Sussex Villas, Cornwall Gardens, South Kensington.

Communications have been received from Dr. MADDEN (Bromley); Dr. DUDGEON, Dr. BURFORD. Mr. WRIGHT, Mr. HURNDALL, Mr. CROSS, THE LIQUOR CARNIS CO., Mr. BROWNE (London); Dr. HAYWARD (Liverpool).

BOOKS RECEIVED.

Bacteriological Diagnosis: Tubular aids for Use in Practical Work. By James Eisenberg, Ph.D., M.D., Vienna. Translated and augmented with the permission of the author, from the second German edition, by Norval H. Pierce, M.D., Surgeon to the out-door department of Michael Reese Hospital, etc., Chicago. Philadelphia and London: The F. A. Davis Co. 1892.—*The Medical Annual and Practitioners' Index: A Work of Reference for Medical Practitioners.* 1892. Tenth year. Bristol: John Wright & Co. London: Simpkin, Marshall and Co.—*With the "Pousse Café."* Being a collection of post-prandial verses. By William Tod Helmuth, M.D. Philadelphia: Boericke & Tafel. 1892.—*Cocoa: All about it.* By "Historicus." London: Sampson Low, Marston & Co. 1892.—*Eleventh Annual Report, Buchanan Cottage Hospital, St. Leonards-on-Sea.* 1891.—*Annual Report Tunbridge Wells Homœopathic Hospital and Dispensary.* 1891.—*Annual Report Oxford Homœopathic Dispensary.* 1891.—*Annual Announcement Hahnemann Hospital College of San Francisco.* 1892.—*Occasional Papers. Nos. 1 & 2. Influenza, Croupous Pneumonia, and Notes on Drosera.* By Dr. Morrison. London: Gould & Son. 1891.—*The Homœopathic World.* London. March.—*The Chemist and Druggist.* London. March.—*The Monthly Magazine of Pharmacy.* London. March.—*The Philanthropist.* London. March.—*The Nurses' Journal.* London. February.—*The North American Journal of Homœopathy.* New York. February.—*The New York Medical Times.* March.—*The Chironian.* New York. February.—*The American Homœopathist.* New York. March.—*The Medical Record.* New York. March.—*The New England Medical Gazette.* Boston. March.—*The Hahnemannian Monthly.* Philadelphia. March.—*The Homœopathic Physician.* Philadelphia. March.—*The Medical Advance.* Chicago. February.—*The Medical Era.* Chicago. March.—*The Southern Journal of Homœopathy.* New Orleans. February.—*The Homœopathic Envoy.* Lancaster. March.—*The California Homœopath.* San Francisco. February.—*Revue Homœopathique Belge.* Brussels. December, 1891.—*Bull. Gén. de Thérapeutique.* Paris. March.—*L'Union Homœopathique.* Antwerp. January.—*Leipziger Pop. Zeitschrift für Homœopathie.* March.—*Gazetta Medica di Torino.* March.—*Rivista Homœopatica.* Rome. January.—*La Homœopatía.* Bogota (Colombia). January.—*Homœopathisch Maandblad.* March.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

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CLINICAL EVENING—BRITISH HOMŒOPATHIC SOCIETY.

TUMOUR OF BREAST.

DR. MORRISON showed a case of tumour of breast. He reports :—

Mrs. D., aged 46, consulted me on the 12th December, 1889, for carcinoma of the breast. This had first been noticed two-and-a-half months previously, while under the care of a homœopathic colleague. Scirrhus was diagnosed, and she was at once placed under the *hydrastis* treatment. No improvement resulting, the patient was sent on to Mr. Knox-Shaw, at the hospital, who confirmed the diagnosis, and advised a prompt removal of the tumour. My knowledge of the patient extended over some sixteen years, during which her general health had been thoroughly satisfactory. The family history was not good, her mother having died from cancer of the left breast at the age of 42, sixteen weeks after operation. The following characteristics were noted :—A hard, nodulated tumour of the left breast about the size of a large Brazil nut, to the left of and rather below the nipple, with general tenderness of the breast, swelling of glands in the axilla, retraction of the nipple, pains down left arm, weakness and anæmia, with biliousness,

for which she had previously been treated. *R. tinct. arnica m.*, 1x, t.d.s., with a lotion of 20 drops of the matrix tincture to 4 ounces of water.

January 2nd, 1890.—Pains lessened, improvement in the breast and glands. Continue medicine and lotion.

January 31st.—Perceptible diminution in size of tumour. Continue medicine and lotion, with an occasional dose of *phos.* 4x for catarrh.

March 11th.—Rheumatic cardiac pains, with numbness down left arm; nausea, with occasional vomitings. *R. trit. digitaline*, gr. $\frac{1}{100}$, t.d.s., et *pil. lycopus virginicus*, 1x, nocte. Continued lotion.

April 4th.—Tumour diminished to about half the size, but has tenderness of both breasts, with giddiness and breathlessness. Repeat *tinct. arsen.* 3, om. 3tis h., et *lot. bell. φ*, o.n.

March 24th.—Much improved in every respect. Repeat *arsen.* et *lot. bell.*

October 3rd.—A mere trace of the tumour remaining. *R. tinct. arn. m.* 2x, m. et n.

February 4th, 1891.—Has come because of hepatic derangements with sciatica. The tumour, swelling of glands, and weakness of the arm have completely gone. *R. trit. merc. sol.* 8x, t.d.s., *pil. coloc.* 1x., nocte.

May 16th.—Tenderness of the breast; no swelling. *R. arn. m.* 200.

This was the last occasion on which treatment was directed to the breast. On the 5th of October last I ligatured, with silver wire, the pedicle of a vascular tumour of eighteen years' growth, in the left axilla. As the nodule in the breast disappeared, this tumour increased more rapidly in size, and caused muscular irritation, with pain. It was in three sections, the whole mass being the size of a large Victoria plum. The removal was effected without hæmorrhage or suppuration, a weak terebene lotion being constantly applied, and the patient is now in good average health.

My selection of *arnica* was based, first, upon the bruised character of the breast pains; second, the position of the tumour, being the most likely spot for injury; third, the results of treatment in a similar case some eighteen years since, the latter patient being still free from any trace of the mischief for which the knife had been recommended.

DISCUSSION.

Mr. KNOX SHAW saw the patient before Dr. Morrisson began to treat her. His impression then was that it was carcinoma.

Dr. MORRISON said, in reply to Dr. Neatby, that the tumour was circumscribed. There was some retraction of the nipple.

Dr. DUDGEON had seen several cases of apparently hard scirrhus tumours at the climacteric which disappeared under treatment.

In reply to Dr. Galley Blackley Dr. MORRISON said there was considerable cachexia at the time he began treatment. The patient's general health was low; there was pain and dyspnoea; the infiltration of the glands was marked, and there was weakness of the left arm.

SEPARATION OF RECTI ABDOMINIS MUSCLES.

Dr. EDWIN A. NEATBY showed a little boy of about three years of age, who was the subject of congenital separation of the muscoli recti abdominis. The gap extended from the umbilicus to the ensiform cartilage and was five inches in length. On coughing, crying or straining, distinct hernia of viscera occurred through the interval between the muscles, which were separated about $1\frac{1}{2}$ inches at the widest part. The edges of the recti were distinctly felt, especially when they contracted. No other developmental deficiencies are present in the family. The child is a strumous member of a strumous family, and until a few months ago suffered from fits, apparently of an epileptic nature.

Mr. KNOX SHAW advised waiting until the patient was older and in better condition before operative measures were undertaken.

Dr. DUDGEON said he had a case in a lady aged 40, which had suddenly come on after influenza. It was above the umbilicus, as in Dr. Neatby's case.

Dr. COOPER advised *arsen. iodul.* for the cachexia.

DR. COOPER'S CASES TREATED WITH HIGH DILUTIONS.

Dr. COOPER first mentioned a case treated by Dr. John Epps for ozœna, after having been treated by the best allopathic authorities without result. Dr. Epps, noticing a corrosive discharge from the back of the nose, gave (the patient says) *nit. ac.* 200 with very marked, and eventually completely curative result. This cure

had lasted 30 years, and Dr. Cooper diagnosed it by the scars which now remain, showing the site of the former disease.

Dr. Cooper next showed a case of ozœna cured by himself with *calc. carb.* 200.

Next a case of deafness from infancy greatly improved by one dose of *calendula* 200. Next, two cases of cure, by *kali. iod.* 200, of noises in the head. In these obstinate cases of deafness he found nothing equal to these high dilutions. A patient, whom he intended to show, but who failed to appear, having been deaf after measles, had improved greatly under *calendula*. In this case he repeated the medicine, and he believed he would have cured the case much more quickly if he had given a single dose.

DISCUSSION.

Dr. DUDGEON, referring to the case treated by Dr. John Epps, questioned if any high dilutions were in use in this country 30 years ago. Dr. Dudgeon remarked on the absence of the ordinary homœopathic indications in Dr. Cooper's cases. He mentioned a cure of bursting noises in the ears by *digitalis* 1x after failure by *digitalis* 6 and 12. Dr. Dudgeon asked how the high dilutions were prepared.

Dr. Cook, of Richmond, discussed the chemistry of high potencies, and explained his difficulties in conceiving the existence of substances like *nitric acid* in high potencies, since *nitric acid* will unite with anything that may be present in the diluting medium. Still he was prepared to take the experience of capable observers as to the effects of the high attenuation.

Dr. CLARKE could fully support all Dr. Cooper had said about the efficacy of the high potencies. It did not matter to him whether Hahnemann used the highest or not, and it did not matter to him how they were prepared, so long as he knew from his experience that they were definite powers to be relied on for definite results.

Mr. HURNDALL gave a case in which a low dilution of a drug was of no use, but where the 500th of the same drug was signally successful. Mr. Hurndall's father had been for years a sufferer from rheumatism of the left splenius capitis muscle, and *rhus* 8x was prescribed for him by Dr. Butcher, of Reading. The late Dr. Holland, of Bath, next saw him, and also prescribed *rhus tox.* He gave it in the 6x dilution when he heard that he had had the 8x. Still he remained

in Bath for twelve months and got no better, and then a third doctor prescribed *rhus*, this time in the 12x, and still no result. Ultimately he removed to Taunton. Mr. Field, of Taunton, after hearing the whole case, gave *rhus* 500 without telling the patient what it was. The first dose caused tingling in the part, the second caused amelioration, the third caused complete removal of the pain, and he was free from it to the end of his life.

Dr. HUGHES said that he did not rise as an opponent of high potencies. Little as he liked them, he could not deny their occasional effectiveness. The thing, however, that concerned him with regard to Dr. Cooper's cases was the question they aroused: Supposing that such practice should prevail, what will become of homœopathy? Homœopathy, he had learned from Hahnemann, was the treatment of disease by medicines selected according to the rule *similia similibus curentur*—let likes be treated by likes. But in Dr. Cooper's cases any such principle of choice is conspicuous by its absence: his remedies are arrived at by experience, by analogies, by inferences of the most dubious kind, and their only homœopathic quality seemed to stand in the minuteness of their dose and the rarity of their repetition. It was a curious thing—and it was one of his many causes of aversion to them—that the more a man came to employ the high dilutions the less homœopathic, the more empirical grew his practice. He (Dr. Hughes) was far from denying the value of experience in the choice of remedies; but when it came to abandoning the lode-star of the law of similars, and committing ourselves to such hap-hazard indications as most of those advanced by Dr. Cooper, he felt that we should be following will-o'-the-wisps, and should find ourselves ere long in another such "slough of despond" as that from which Hahnemann had delivered us.

Dr. COOPER, in reply, said there was great difficulty in getting indications in ear cases. The patients could not hear what you said to them. It was very difficult to get them to tell all their symptoms. He had worked up these medicines from his own experience. He considered a symptom produced as an aggravation by a medicine was as good as a proving.

COLOTOMY.

Mr. KNOX SHAW showed a case of colotomy. The patient, a man aged 50, was admitted into the hospital in December, 1890, under Dr. Clarke, with chronic intestinal obstruction, the result of stricture of the colon. As no action of the bowel had occurred in three weeks, and the patient's distress was great, a right-sided

inguinal colotomy was performed. He made a good recovery, and is now in very fair health, with a small healthy wound with sound skin surrounding it. He has learned to make a plug of linen which enables him to have entire control of his artificial anus. He very occasionally passes a quite small quantity of fæces per anum.

EXCISION OF ANKLE.

Mr. KNOX SHAW also showed a little girl, aged 5, whose left ankle joint was excised a year ago for tuberculous disease. The child had previously been submitted to injection of Koch's lymph at another hospital, but the joint had suppurated and become disorganised. The present condition is excellent; there is a movable joint, and the wounds are sound and healthy, and there is no swelling of the joint or surrounding tissues.

FOREIGN BODY IN ORBIT.

Mr. KNOX SHAW further showed a piece of slate pencil removed from the orbital cavity. W. H. L. is now 40: when 10 years old, as he was running, he fell with a pen and pencil in his hand, striking the left eye just above the infra-orbital ridge. A doctor removed some pieces of pen which had broken off, and the wound soon healed. He never experienced the least discomfort, nor was he aware that anything was the matter with him till last January, when he noticed a red and inflamed spot beneath the left eye. A neighbour alarming him that it was a cancerous tumour, caused him to consult Dr. Hall, of Surbiton, who sent him up to the hospital. On March 27th, under cocaine anæsthesia, this piece of slate pencil was removed. It was lying perpendicularly to the surface, and the sharp point was buried beneath the eye-ball among the orbital fat. It had thus been there thirty years.

FIBRO-SARCOMA OF OVARY.

Dr. W. H. J. COOK showed for Dr. BURFORD a fibro-sarcoma which had been removed by the latter. A large incision had to be made in order to remove the tumour, and for three days the patient's pulse was between 160 and 180. This was brought down eventually by *strophanthus*.

PROGRESSIVE MUSCULAR ATROPHY.

Dr. W. H. J. COOK also showed for Dr. MOIR a case of progressive muscular atrophy. The patient had worked with lead a little, but he had no other lead symptoms.

DISCUSSION.

Dr. EDWIN A. NEATBY said the patient dated his illness from an attack of lead colic. The patient had a red line at the margin of the gums, though not the usual blue line. Dr. Neatby himself had a case of muscular atrophy of similar extent which was clearly due to lead poisoning, and in which almost complete recovery took place. Lead poisoning, he said, was one of the recognised causes of chronic anterior polio-myelitis.

LUPUS—SEBORRHŒA KERATIVA—HÆMOGLOBINURIA.

Dr. GALLEY BLACKLEY showed two cases of lupus. One of these, a young woman, he put on Koch's *tuberculin* 3rd centesimal dilution, and great improvement followed. A well-marked "butterfly patch" has quite disappeared. A young man, also suffering from lupus, whom he has now put on *tuberculin*. A case of seborrhœa kerativa was also shown, and one of paroxysmal hæmoglobinuria. The last patient had had syphilis. He once passed a small calculus by the urethra.

DISCUSSION.

Dr. CLARKE referred to a case of lupus treated by himself with *tuberculin* (Heath) 200 and 1m, one dose every ten days. The patient lived away from London, and after seeing her twice Dr. Clarke treated her by correspondence. She was an unmarried woman, about 33, of a tuberculous family history, had had lupus for many years, and was much disfigured, part of the nose having been eaten away, the nostrils being blocked. After the first dose there was marked improvement, which has continued. Lately he had heard that she had had a severe attack of influenza with, possibly, nephritis as the doctor in attendance had said that the medicine Dr. Clarke gave "had cured the disease in the face, but had driven it to the kidneys." Dr. Clarke obtained a specimen of her urine, but found in it no albumen, only a slight phosphatic deposit.

ELECTRIC ILLUMINATOR.

Mr. DUDLEY WRIGHT showed an apparatus for illuminating the antrum.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF HYPERICUM PERFORATUM.

By ALFRED C. POPE, M.D.

Late Lecturer on *Materia Medica* at the London Homœopathic Hospital.

THE *hypericum perforatum*, or St. John's Wort, is a plant about a foot or a foot-and-a-half high, belonging to the natural order of *hypericaceæ*. It is common enough in hedges, woods, and thickets. It flowers during the summer and is collected when in flower and seed. From the entire fresh plant a tincture is made in the usual way.

The St. John's Wort is an article of *Materia Medica* of very ancient date and is frequently mentioned in old herbal books. It had, however, been completely lost sight of until some experiments were made with it by Dr. George Muller and recorded by him in the fifth volume of a German homœopathic journal, *The Hygea*, many years ago, and by Dr. Stokes, of Liverpool, in the *Homœopathic Times* for 1853. These with a few experiments by Dr. Schneling in the 79th volume of the *Allgemeine Hom. Zeitung*, constitute the sources of our knowledge of the pure effects of *hypericum*. The records of these researches are fully detailed in *The Cyclopædia of Drug Pathogenesis*.

These experiments seem to deserve more careful study than the clinical records of medical journals lead one to suppose that they have hitherto received. The symptoms, in each prover, bear a strong resemblance to one another, and so our confidence in their being the genuine effects of the drug is strengthened.

One and all point to the induction by *hypericum* of a state of general hyperæsthesia, followed by an hysterical condition.

Under the influence of *hypericum* the head feels confused and excited; a throbbing hammer-like pain and pressure over the crown of the head, with tearing and stitches in the temples; one curious symptom mentioned is a feeling as though there were "something alive" in the brain.

By each prover pains in the nape of the neck and a sense of pressure or burning over the sacrum are mentioned.

It is chiefly in the extremities and in the pectoral muscles that we meet with that development of hyperæsthesia which is so characteristic of the drug. Thus we have—darting pains in the shoulders, burning in the pectoral muscles, cramp, tearing and tension in the arms, pressure along the ulnar side of the forearm, jerking in the tendons of the wrist, tension in the legs, cramp in the calves and feet, cold feet, “furry” feet, tingling in the legs and feet, drawing pains in the lines of the nerves of the legs with coldness and numbness.

With all this is associated a miserable, dejected, melancholy feeling, and a tendency to weep; the memory becomes defective, and there is an incapacity for any employment; while, in one instance, there was a craving for wine—that frequent outcome of neurasthenia.

One prover, an unmarried woman, 23 years of age, of phlegmatic temperament and healthy, had the following singular kind of attack during the early morning of the third day of her proving:—

“She spoke in her sleep all sorts of incoherent stuff, looked distraught, stared at her brother; head hot, carotids beating violently; the face very red and swollen, the eyes fixed, and the pupils dilated; pulse very quick; hair moist, the rest of the body being dry and burning hot; great anxiety: all at once left off talking and sang, and soon after wept and screamed frightfully, and gasped for breath. On giving her two magnetic passes she at once came to her senses, and said that when a hand was laid upon her head she felt a pleasing calming sensation. The whole attack lasted about an hour, and was followed by violent headache, formication in the hands and feet, they felt furry; extreme thirst and white furred tongue.”

This resembles an attack of hysteria as much as it does anything, and occurring in a woman of phlegmatic temperament, the excitement which characterised it renders it all the more striking.

Sleep during a proving was nearly uniformly restless and full of dreams of an exciting and horrible character.

Digestion is more or less disturbed, the tongue furred, the appetite diminished, the epigastric and umbilical

regions disturbed with flatulence, and the stools alternately costive and relaxed.

An urticarious eruption was noticed on the hands in two or three instances.

As the result of six days dosing with the tincture, one prover during the ensuing fortnight felt "great exhaustion, with weakness of the head and memory." A second, after a proving going over eleven days, "for about three weeks felt weak; had leucorrhœa for several days; her hair fell out much; there was marked weakness of memory; she was easily startled; inclined to sit still, and very sensitive to cold." Of a third, who took the medicine for ten days, it is said, "during the next ten weeks she complained that her hair was falling out; the menses, previously regular, were fourteen days too late; the weak feeling in the head and lassitude went off gradually."

That there are cases of hysterical excitement presenting features similar to those marking the results of over-dosing with *hypericum*, is within the experience of every practitioner of medicine. To such, this medicine is clearly homœopathic, and though I have never so used it myself, or heard of others doing so, I feel little doubt that when put to the test it will be found of service.

The excessive irritation and hyper-sensitiveness of the nerve tracts in different parts of the body, and the general nervous depression which mark the provings of *hypericum*, have led to the generalisation that it is indicated as a remedy in disorders which are the *sequelæ* of injury to one of the nervous centres. Thus Dr. Ludlam based his prescription of *hypericum* in two cases, one of which nosologically ranked as asthma, and the other as spinal irritation, on the idea that "*hypericum* is to injuries of the nervous what *arnica* is to those of the muscular system." These cases were published in the *Transactions of the Homœopathic Medical Society of Chicago*.* One was that of a woman, 45 years of age, who had suffered for ten years from repeated and violent attacks of spasmodic asthma. These attacks were always coincident with the approach of stormy weather. The severity and duration of the paroxysms being

* *Brit. Journ. Hom.*, vol. xvii., p. 523.

inversely to the duration and severity of the storm. After trying various medicines in vain, Dr. Ludlam found, on again going into the history of the case, that 30 years previously, she had fallen down the cellar steps and injured her spine. The injury was not followed by any perceptible tenderness on pressure or other alteration. But, the injury having been inflicted at a part corresponding to the first dorsal vertebra, he thought it possible that some irritation had been started there which had culminated in her asthmatic attacks. He gave her accordingly *hyperic.* 2x and she recovered entirely, having, at the time the case was reported, passed many months without an attack.

In another case, a child, six years of age, had, when three years old, fallen down stairs. This had left a decided sensitiveness to pressure upon the spinous processes of the two inferior cervical and the superior dorsal vertebræ. Since the fall she had been in poor health, suffering from a variety of symptoms every three or four weeks; an attack generally commenced with a chill, which was followed by more or less continued fever, restlessness, hyper-sensitiveness of the skin of the neck and of the superior extremities, a great dread of motion, refusal to walk, and screaming outright when anyone proposed to lift her from one place to another. Her face was pale and anxious, generally expressive of pain and uneasiness.

Taking his cue from the spinal injury, Dr. Ludlam placed a pad of carded wool over the side of it, and gave her *hypericum* 2x. The paroxysm existing at the time was much shorter than usual, and no repetition occurred. The medicine was, however, continued daily for some time. A year afterwards she was perfectly well.

Another interesting and instructive case, the symptoms in which were traceable to spinal irritation, originating in a fall, or, probably, repeated falls, in which *hypericum* was curative, is recorded by Dr. Burnett in *The Monthly Homœopathic Review* (January, 1879). The patient was a boy of eleven, who was in the habit of expending his energy in climbing trees, walls, and performing other *quasi* gymnastic feats, which frequently resulted in injuries. Acute irritation in the spine, which first displayed itself in excessive tenderness when rubbed with a towel after his bath, was the consequence.

Then followed neuralgic headache and earache, both coming on in paroxysms and of great intensity. After this had been going on for two months, he would occasionally lose the power of speech for two or three days, though perfectly intelligent and able to communicate in writing. Then he became nearly well for three months, with the exception of the spinal irritation, which persisted. Again, after rolling on the grass, neuralgia recurred in paroxysms, during which he burrowed with his head in a soft arm-chair and screamed and sobbed, though unable to speak. He had such an attack when Dr. Burnett first saw him. He ordered him a drop of the first dilution of *arnica* every three hours. The attack continued during the whole of that day. It left suddenly during the forenoon of the day following, but he was unable to speak until the evening. From this date the neuralgia never returned.

About a month afterwards he became suddenly paralysed—the paralysis being purely motor—in both lower extremities. *Gelsemium* and *arnica* were given each for a week without result, and then *hypericum*. In three days he could move a little, in ten he walked round the room, and being then permitted to go out in a perambulator, his brother took him a mile from home and then between them they contrived to smash the vehicle, and the patient walked home carrying the remains of it, as so many trophies of his restored power! He remained perfectly well for six months, when there was some return of the spinal irritation, probably from the same kind of cause as at the first, and this was rapidly checked by a return to the *hypericum*, while four months afterwards Dr. Burnett found that the spine would bear any amount of pressure.

These are illustrations of one kind of case in which *hypericum* is useful, viz., the direct consequences of spinal irritation originating in injury to the spinal cord.

A second is one of laceration of muscular tissue with engorgement of the capillaries, attended with more or less discharge of bloody matter. In such injuries, which are most commonly met with in gun-shot wounds, Dr. Franklin, one of the surgeons of the Northern army of the United States during the civil war that prevailed some 20 years ago, found it of the greatest value. He

says that it stands in the same relation to laceration that *arnica* does to contusion of tissue. The late Dr. T. L. Brown, of Binghampton, states that, acting on a hint given to him by the late Dr. Lippe, of Philadelphia, he had prescribed *hypericum* with the best results for the relief of pain resulting from injury to parts rich in nerves, especially in the fingers and toes and the matrix of nails.

Dr. Franklin further describes it as being "of great value in the treatment of open painful wounds, attended with general prostration from loss of blood, with a feeling of weakness and trembling in all the limbs, languor on rising, fainting from physical effort, thirst, and heaviness of the head; the local congestions and in capillary erethism, accompanied or not with hæmorrhage, and great nervous depression following wounds." He adds, "I have found it an exceedingly valuable agent."

Thirdly, Dr. Hughes, in the supplement to the last edition of his *Pharmacodynamics*, writes, "Dr. Gilchrist, from an experience of sixty-four operations, major and minor, asserts positively that its use internally and locally (1 to 20) precludes any after suffering; and," he adds, "Dr. Helmuth tells me that it quite supersedes the use of morphia after operations in his hands."

While there is nothing directly in the provings that have been made with *hypericum* to suggest it as being of service as a vulnerary, the experiments do show a degree of cerebro-spinal exhaustion resembling in many particulars that which obtains during shock after injuries, while the restlessness, fear and anxiety marking the endurance of severe pain from injuries are also characteristic of the effects of *hypericum*.

The experience then of Dr. Franklin, Dr. Gilchrist, and Dr. Helmuth, which has been very extensive, may well be utilised by us, albeit its scientific basis is not so extensive or satisfactory as we could desire.

Two or three drop doses of the second dilution has been the dose in which it has usually been prescribed.

Grantham, April 11th, 1892.

LARGE STRANGULATED OVARIAN CYST—
ACUTE PERITONITIS—ABDOMINAL SECTION—
RECOVERY.

By EDWIN A. NEATBY, M.D., AND GEO. H. BURFORD, M.B.

History and Condition prior to Operation, with comments.

By DR. NEATBY.

Miss——, æt. 47.

Previous History.—Had rheumatic fever 17 years ago, and twice since; none of the attacks very severe. With these exceptions had very good health, and has been very active. In September last patient had a sharp, sudden, but transient attack of abdominal pain and vomiting. No cause was ascertainable for the pain. She had three or four less severe attacks subsequently. Getting "stout" three or four years.

Present Illness.—I first saw the patient on Saturday morning, February 13th. She had been suffering for seven or eight days from "sore throat," which was getting well. During that week she had had slight abdominal pain. In the early morning of Saturday, about 4 a.m., she was seized with sudden severe pain in the abdomen, chiefly in the left iliac region, and retching began almost at once. The pain was agonising, and the patient tossed about the bed vainly seeking relief. It was somewhat easier by 12 o'clock, when I saw her. She was sitting propped up in bed, had a most anxious expression of countenance, a small rapid pulse (about 120 per minute), easily compressed; sub-normal temperature. No action of bowels since the Thursday. The abdomen was found to be greatly distended (48 in. at umbilicus), and the swelling had an irregular outline, the distension being chiefly projected forwards, the flanks not being bulged. On palpation the swelling was found to be partly fluid and partly solid, a considerable solid mass being felt just below the left hypochondrium; a distinct thrill was felt all over the fluid parts, and the area was uniformly dull on percussion, the flanks being resonant. The seat of the chief pain showed tenderness on pressure, the rest of abdomen not being very sensitive. Retching increased the abdominal pain. The vomited matter was a thin greenish fluid. The urine was found to contain a trace of albumen; it was not scanty.

There were systolic bruits (hæmic?) at apex and base; heart not dilated or hypertrophied. During the day the symptoms lessened, the pain being relieved by *morphia* gr. $\frac{1}{3}$, but the patient did not rest well, and kept no food down.

The bowels did not act on Saturday; the symptoms all continued during Sunday and Monday, the pain gradually lessening, however; the vomited matter was greener, and the emesis was not less frequent.

It being evident that active measures were called for, the advice of Dr. Kidd and Dr. Burford was sought.

Remarks.—The physical signs made it immediately obvious that an ovarian cyst of considerable size existed, but its relation to the patient's condition was not so easily determined. In other words, the symptoms might be due to the tumour or might be altogether unconnected therewith.

Of conditions external to the tumour there may be mentioned volvulus and appendicitis—using the latter term in its widest sense. The sudden pain and vomiting were in favour of the former, but the previous slight attacks were more suggestive of recurring localised peritonitis, such as the sequel showed had actually taken place in the neighbourhood of the cæcum.

Pressure of the tumour itself, causing obstruction, and a twist of the pedicle were the conditions for consideration in association with the cyst. The suddenness of the symptoms at once negatived the former and was in favour of the latter, while the gradual diminution of the pain, as was with great judgment pointed out at the consultation by Dr. Burford, made the diagnosis of strangulated pedicle as nearly certain as is ever possible before exploration. It will have been observed by the reader that no allusion to recent distension of the abdomen has been made. The great pre-existing enlargement due to the tumour deprived us of the help to diagnosis which this condition often renders in cases of intestinal obstruction.

There still remains for elucidation the cause of the twist, and the operation throws no light on this. What could have caused so huge and heavy a mass to revolve upon its axis—and that while the patient was lying in bed—is entirely unexplained. It may, perhaps, be fairly asked whether it is not possible that the twist occurred

some time previously when the tumour was much smaller, and consequently more mobile, and that it was only when the tension produced on the vessels of the pedicle by the upward growth of the tumour interfered with its nutrition—produced, in fact, incipient gangrene—that symptoms developed.

The annexed chart shows, side by side, the temperature and the pulse rate after operation. The unusually rapid pulse must be considered to be due to the previous cardiac condition.

Remarks by Dr. KIDD.

When called in to see Miss ——— in consultation, her state was a very critical one and very pressing. It was quite evident that the ovarian cyst had become twisted on its pedicle, and that there was great and immediate danger of mortification.

I fully agreed with Dr. Neatby and Dr. Burford that operation was essential without delay. The result has proved the correctness of the diagnosis, and the successful termination of such a dangerous case is most gratifying.

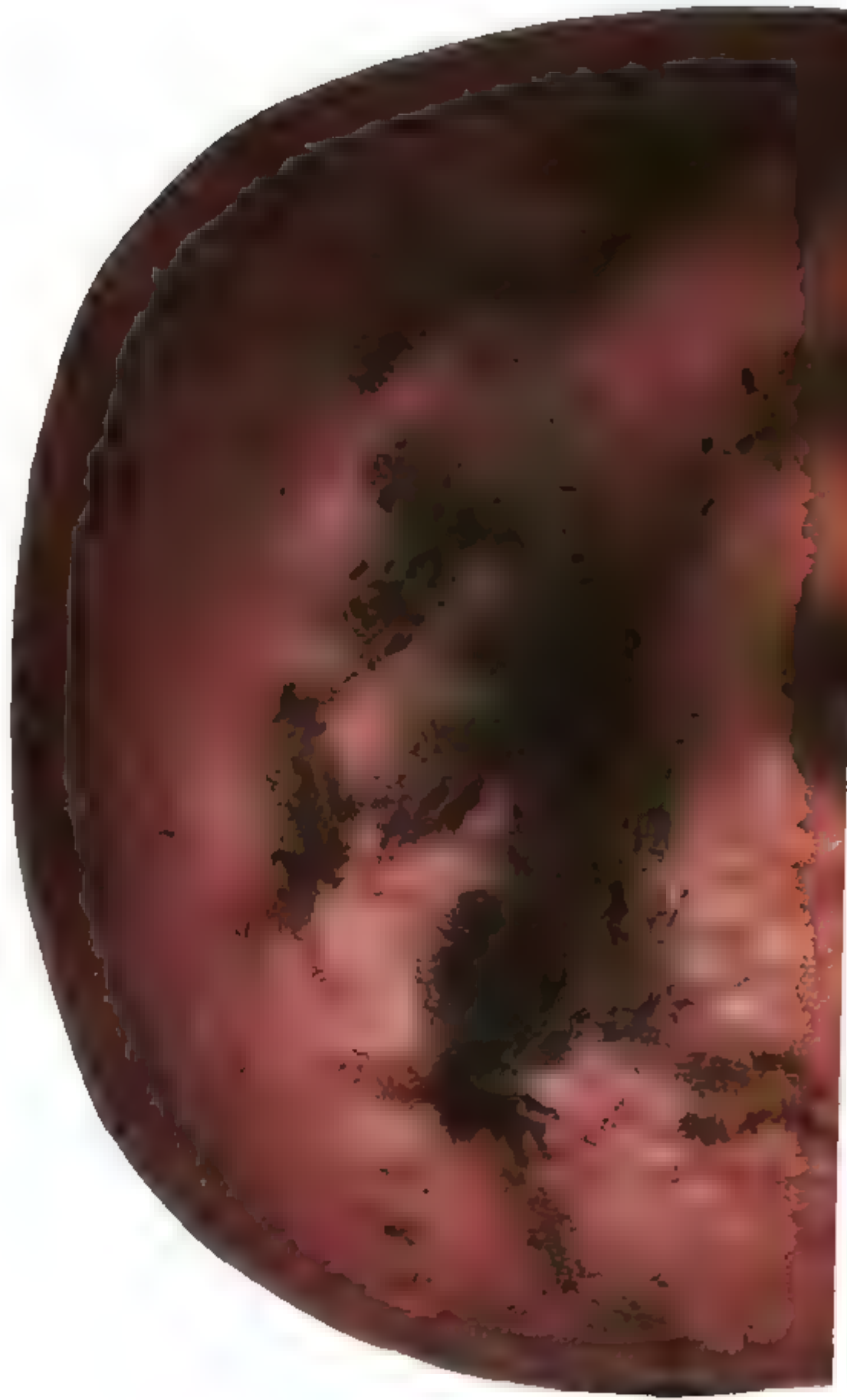
Laparotomy. By Dr. BURFORD.

After a careful examination I came to the conclusion that we had here to deal with an acutely strangulated ovarian cyst. My colleagues coincided in this view, and operative relief being urgent, preparations were immediately made for a laparotomy, which I performed on the following day.

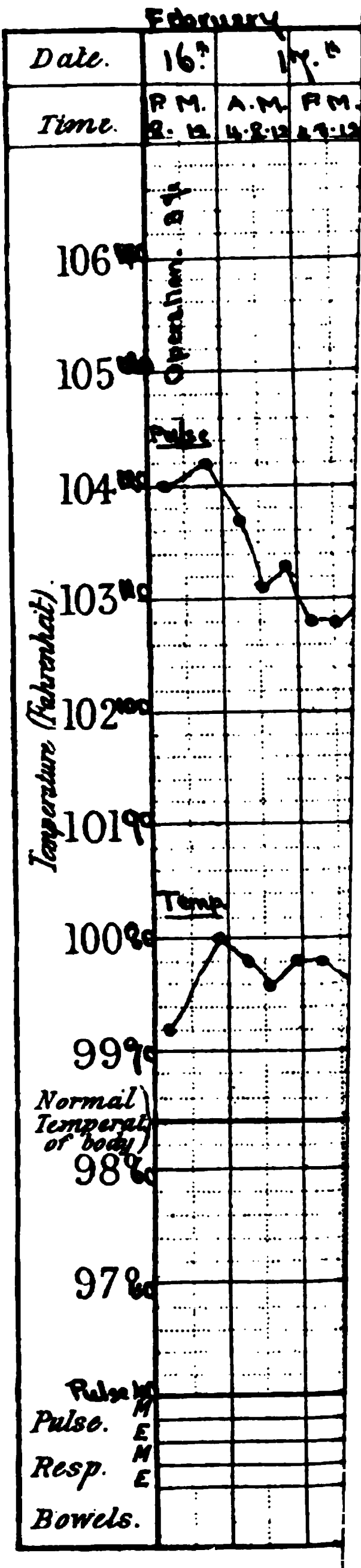
On opening the abdomen a large ovarian cyst presented itself to view, showing in various grades all the dark hues peculiar to strangulation. The tints are excellently represented in the accompanying chromo-lithograph. The nearer the pedicle, the blacker the tint, and exactly as diagnosed, the pedicle was found in a state of torsion. This torsion was evidently of recent origin, because the opposed surfaces of the spiral twist were not yet agglutinated by exuded lymph; but it was peculiar in that pedicular twists on the right side are extremely rare.

I tapped the cyst and withdrew fifteen pints of dark hæmorrhagic fluid. Although this proceeding notably lessened the bulk of the tumour, yet there still remained so much solid (adenomatous) material, that a consider-

STRANGULATED OVARIAN CYST OF THE RIGHT SIDE.



DRS NEATBY AND KIDD'S CASE.
LAPAROTOMY BY DR. BURFORD.
RECOVERY



given as called for, on symptomatic indications.

able enlargement of the parietal incision was absolutely necessary to allow delivery of the remainder of the cyst. On the tumour surface was some evidence of soft recent lymph, but the torsion had been too recent to allow of any consolidation into adhesions.

I untwisted the cyst pedicle and marked out a suitable place for ligation. But now we had to deal with an adherent vermiform appendix, which we found in intimate union with the pedicle, doubtless the result of previous local irritation. By much care and some manœuvring, the pedicle was firmly ligated just beyond the adherent gut, while very fortunately the strangulation ceased for about half-an-inch short of the vermiform involvement. This short space was all that was suitable for applying the ligature without any denudation. Some brown peritonitic fluid was found in the abdominal cavity, and this combined with the evidences of acute peritonitis in and contiguous to the cyst itself, determined the desirability of flushing with plain hot water. This I accordingly did, inserting a Keith's drainage tube packed with *iodoform* gauze, and closed the abdomen in the usual way.

The lady made a good convalescence; at no time was there any notable pain, vomiting was conspicuously absent, and some moral suasion had to be exerted to keep her lying quietly, so unnecessary did the strict *régime* in vogue during recovery from abdominal section seem to be to her.

Remarks.—This constituted the third in a series of strangulated ovarian cysts which I have successfully removed in a few months. I showed these specimens at a recent meeting of the British Gynæcological Society, eliciting remarks thereon from Mr. Lawson Tait, Dr. Bantock, and Mr. Reeves. Both Mr. Tait and Dr. Bantock commented on the peculiarity of torsion of a right-sided cyst, the direction of torsion being from flank to umbilicus. Only one other case, said Dr. Bantock, had occurred to him where a similar state of parts existed. The therapeutic after-treatment, very effectively and most assiduously carried out by Dr. Neatby, consisted in the administration of *arnica* for twenty-four hour, and *bell.* and *merc. corr.* for some days. As convalescence became more developed, other remedies were given as called for, on symptomatic indications.

MEDICINE v. SURGERY.

BY J. SUTCLIFFE HURNDALL, M.R.C.V.S.

THE present seems to be a favourable opportunity for furnishing a practical illustration of the power which drugs can exercise over certain pathological developments, to counteract which it is generally deemed futile to rely upon any methods outside surgical operations, particularly as the instance to be recorded provides undeniable proof of the efficacy of somewhat high attenuations. I confess to have been quite appalled of late when listening to the public utterances or perusing the writings of certain professional gentlemen well known in the homœopathic world of thought, whose faith seems to be wavering—at all events, so far as high attenuations are concerned. I feel that it would be unbecoming in me to criticise, and will content myself with a plain unvarnished recital of an extremely interesting case wherein two unmistakable tumours suspended within the mesentery, just posterior to the situation of liver in the median line, were within a period of six weeks absolutely dispersed through the administration of one drug only—*arsenicum album*—administered in the sixth and twelfth decimal attenuations; moreover, a perfect restoration to general health was made, whereas the subject when brought under my care was to all intents and purposes *in extremis*. Now in this case there can be no quibbling about what drug produced the result, there was neither alternation nor change of medicine from beginning to end; the selection was made strictly on the lines of the homœopathic law, and the result, I think, warrants me in asserting—for it is only one out of many equally successful cases—that, where no mistake arises in the selection of the single drug, success almost invariably follows; and if you ask me where the “almost” comes in, I reply, when nature is already either too old or too exhausted to receive any assistance towards recuperation, or the specific virus to which the disease owes its origin has gained an ascendant power over the constitution. The case under consideration is that of a Saint Bernard dog, which was brought to me in a cab, out of which he had to be lifted, and a poor, weak, emaciated looking creature he was—so prostrate that he was unable to drag one leg after the other, nor

could he stand upright upon his legs for more than a few minutes at a time; he absolutely refused food of every description. Although but a young dog, he, with his sunken, glassy eyes, and generally dejected appearance, might have been any age up to that of Methuselah. Beyond the impoverished condition, the refusal to take nourishment, and a wearying sort of cough, there was nothing which *at first sight* pointed to the actual condition of things. All the account that I could obtain from the owner was that the dog had been more or less ill for four months, during which time he had been under the care of two veterinary surgeons in private practice, and had also been sent for treatment to the Royal Veterinary College. So far as the owner was told no attempt had been made to look for anything wrong beyond the cough, and various had been the methods of treatment employed to effect a cure of the same—among other things one of the private practitioners had lanced the tonsils. Bearing in mind that the owner was under the impression that the cough, and it alone, was responsible for everything, and that the practitioners who had already treated the animal acted as though they also thought so, one might have been pardoned if a first shot had been made with some throat or lung remedy. But under Hahnemann's teaching we learn that we must not be superficial; beyond this the poor dog's frightfully dejected appearance convinced me that no cough—which, after all, when properly appraised is rarely anything but a symptom of something more deeply seated—could be accountable *per se* for such a condition of affairs as I found; therefore I was satisfied I had something to discover. Under the circumstances, and it being after 9 o'clock p.m., I removed the poor dog to comfortable quarters, and the next morning set myself to examine and observe. I had not been long engaged before I discovered that the dog, though he declined food, wanted to drink, only a little at a time, but very frequently; this peculiarity served to remind me of one of the pathogenic indications for *arsenicum album*. After this I proceeded to make a careful examination of the body, and very quickly the presence of two foreign bodies posterior to the liver in the median line were discovered. Indeed, so palpable were they on manipulation of the abdomen, that no one with any practical know-

ledge of anatomy could overlook them, had he taken proper precautions in the examination; one was about the size of an ordinary hen's egg, and the other of a pigeon's egg. I therefore lost no time in acquainting the owner with my discovery, having meantime hunted up the pathology and therapeutics of the case, and found they tallied beautifully with my first indicated remedy.

When the gentleman presented himself at the infirmary, which he was by no means slow to do, I laid before him the details of my examination, the diagnosis and the prognosis, the latter being favourable to a cure; I explained that, while I proposed to treat the case medicinally, there was the alternative of a surgical operation for removal of the tumours. His reply, after inquiring what risk would attend an operation, was that he should leave the matter to my discretion.

Accordingly I commenced by giving five grains to a dose of the sixth decimal attenuation of *arsenicum album* dry on the tongue three times a day, utilizing the dog's eagerness for liquids to keep him alive on milk, of which he consumed several quarts a day. At the expiration of two days I added a few eggs well whipped up with the milk. By the third day there was distinct improvement all round; the fæces, which had been of a very watery consistence and extremely foetid to the smell, assumed a more healthy condition; the heart-beats, which were too rapid, weak and wiry, gradually became firmer and more resistant, and slowed down to more like the normally healthy number; the dog's coat, which was wiry and rough, gave distinct evidence of becoming soft and smooth. When four days had elapsed, the dog partook of some cooked flesh, and the day following a small quantity of Hildyard's biscuits were broken up and soaked with the gravy; this kind of improvement steadily progressed until, at the expiration of a fortnight, the patient was sufficiently recovered to allow of his returning home to his master; during the whole of this time he had been receiving three doses daily of *arsenicum album* 6x; there was at this period no absolutely perceptible difference in the size of the tumours. I then prepared twenty-four five-grain doses of *arsenicum album* 12x, with instructions to the owner to administer one dry on the tongue night and morning. At the end of a week I called to see the dog, and discovered that the

smaller tumour had nearly disappeared, and the larger was markedly smaller in circumference. After this visit I allowed a fortnight to elapse before calling again, by which time the smaller tumour was entirely dispersed, and of the larger one only a remnant remained, which resembled a slight thickening of the mesentery. After allowing the dog to relinquish his medicine for one week, a fresh stock of powders was supplied of 12x as before, and at the expiration of six weeks, from the time the dog left the infirmary, all trace of both tumours had vanished.

The normal health was in all respects fully established, since which no relapse has taken place, and the dog has maintained an uniformly good condition. The cough which proved to be so misleading a symptom to those gentlemen who preceded me in the treatment of the case, entirely disappeared at the expiry of three weeks from the commencement of the animal taking the *arsenicum*, and has never returned. The experience I then gained as to coughs, their origin and importance, has not been lost upon me in the period of time which has since relapsed; and, further, I am confirmed in a belief, long entertained, that where the totality of the symptoms can be obtained many similar cases in the human subject might be as successfully treated medicinally instead of being relegated to the surgical operating room, and that not improbably many lives that are sacrificed at the surgeon's altar might be saved. I am fully aware many are of opinion that in the past the skill of the surgeon has been ignored by homœopathic practitioners; this may be true, but unless I am much mistaken, the tendency of the present time is altogether in the opposite direction. I therefore trust that this experience in veterinary medicine will not be without its advantages to human practice.

TWO CASES OF PLACENTA PRÆVIA.

COMMUNICATED.

IN a letter too long for insertion in full, Dr. Christopher Bollen, of Port Adelaide, South Australia, sends us the report of two cases of this condition, which occurred to him in the course of seven weeks.

1. The first patient was a woman, æt. 28, seven and a-half months advanced in her second pregnancy. She had sudden attacks of painless and profuse hæmorrhage, for which temporising methods were adopted—rest and medicines being prescribed. The medicines used were *arnica* and *aconite*. On the occasion of a fourth hæmorrhage, so severe in character that dangerous collapse ensued, plugging the vagina was resorted to and *ergotin* was injected hypodermically. The patient rallied, and after 24 hours delivery by version was accomplished. The placenta was found to completely cover the os uteri. Very little hæmorrhage occurred during the operation, and none at all took place during the previous 24 hours or afterwards. About 14 hours after delivery sudden dyspnœa came on and a feeling of faintness. These symptoms increased and in about an hour and a-half the patient died.

Discussing the cause of death, Dr. Bollen expresses his opinion that had the loss of blood been the cause the patient would have died during the confinement. Bearing in mind the previous fainting attack, he believes that a constitutional tendency to collapse will best account for the sudden termination of the case. We might point out that the symptoms mentioned suggest the possibility of pulmonary embolism or thrombosis—conditions readily occurring after exhausting hæmorrhage.

2. In the second very similar case, in which Dr. Bollen was called in consultation, a second attack of bleeding had been going on 10 hours, and persisted in spite of plugging, which had been done before his arrival. The patient was too weak for the administration of an anæsthetic. The os uteri was found to be almost completely covered by the placenta, and a presenting breech was felt. The legs were brought down and delivery effected. The patient was very weak and could not retain nourishment; fainting occurred, unconsciousness lasting on one occasion for 20 minutes. After the use of rectal nutritive injections she rallied, and ultimately made a good recovery.

In some remarks on the management of cases of placenta prævia, Dr. Bollen advocates less delay than occurred in his first case. Labour should be brought about, if the patient is very weak, at the first severe

hæmorrhage, but if the strength is good rest should be tried. If the bleeding is repeated no further delay in operating should be permitted. In this country, and still more in Roman Catholic countries, the viability or otherwise of the foetus would materially influence the method of procedure—provided the life of the mother were not in immediate danger.

REVIEWS.

A Cyclopædia of Drug Pathogenesis. Issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by RICHARD HUGHES, M.D. and J. P. DAKE, M.D. Part XVI. *Sabina-Zincum.* Appendix. Supplement. London: E. Gould & Son. New York: Boericke & Tafel. 1891.

ALTHOUGH through our own pages and by other means the completion of the *Cyclopædia of Drug Pathogenesis* has already been made known, we have hitherto had no opportunity of ourselves noticing the completed work. As all our readers are aware, the *Cyclopædia* is a revision of the *Materia Medica* we have had at our disposal for many years, together with such reliable additional material as the editors have been able to collect. The need for such revision is so apparent to the great majority as to require no emphasising or explanation, and was pointed out at length in the introduction to the first volume. More recently and more succinctly the same ground is gone over in the preface to the fourth volume. For the few who have not yet estimated aright the necessity for revision and the importance of the *Cyclopædia* as a revised *Materia Medica*, we shall quote here in full the preface just alluded to :—

“The circumstances which led to this work being undertaken (in 1884) need only briefly be recalled. The “*Materia Medica*” of homœopathy—the record of the pathogenetic effects of drugs with which it works its rule “let likes be treated by likes”—had long been scattered throughout our literature in divers languages, and was as a whole inaccessible to student and practitioner. In 1874 Dr. T. F. Allen undertook to remedy this defect; and in the course of the next six years presented us with our whole pathogenetic wealth, to no small degree enriched in the process, in ten convenient volumes. He thereby earned the gratitude of us all, and continues to enjoy it. But possession of our *Materia*

Medica only accentuated, in the minds of most of us, the dissatisfaction with which we had long regarded both its matter and its form. Dr. Allen had thought it right to give us, unsifted, all that had been put forward in the way of provings; and to cast the whole (save for a few narratives in the appendix) into the framework of the Hahnemannian schema. We thus seemed saddled to perpetuity with a *Materia Medica* full of the objections to which it had always been liable—impure in its substance, and so felt untrustworthy; unintelligible in its presentation, and hence repelling to its would-be students. Fortunately, a minute examination of the earlier pathogeneses, made by no one more faithfully than by the editor himself, revealed so many flaws in the execution, that the conviction forced itself upon most minds that the work must be done over again, and upon a more critical and altogether better plan.

“It was this conclusion which led, after two or three years of discussion and tentative essays, to the work now completed. In leaving it in our colleagues' hands, we would remind them that the *Cyclopædia* makes no common appeal to the homœopathic body. It is not the design of one man, however capable, or the venture of a publishing house, far-seeing as may be its provision for our needs. It is the fruit of the best thought and consideration of many minds during a long space of time; and it comes with the imprimatur of the two national societies of the language, carried out under rules drawn up and by editors appointed at their hands. If, therefore, its method and plan should fail to commend themselves to those for whom it has been framed, all that can be said is that the problem is proved insoluble at present; and that further work on our *Materia Medica* had best be adjourned until all are agreed of what kind it should be. As regards the execution, it is not for us to prejudge in any way the verdict that may be given. We can only say that we have, conscientiously and earnestly, endeavoured to fulfil the injunctions given us, that we have worked mainly—habitually, indeed—from original material, and have done our best to secure faithful translation and accurate transcription; and that we have throughout invited help and criticism from all quarters, in order to make our volumes—with Hahnemann's, to which they are avowedly a supplement—the *Materia Medica* of homœopathy.

“For this, and nothing less, is what they claim to be. We have too long, authors and lecturers and students and

practitioners, been working with second-hand material. That there must be manuals, epitomes, arrangements, analyses of our *Materia Medica*, we fully recognise. But we maintain that, to be trustworthy, they must be founded upon the rock of real provings and poisonings, as exhibited in the *Cyclopædia*, and should not be accounted genuine unless they are so based. No one, we further contend, should write upon *Materia Medica* in our journals and transactions without referring to such primary records as the authority for his statements. We maintain also that no student can properly learn the pathogenetic action of drugs, which lies at the foundation of homœopathic therapeutics, save by reading again and again the narratives we have furnished; and that, accordingly, all teachers of *Materia Medica* should make the *Cyclopædia* their text-book, and all their pupils should possess and diligently peruse it. Lastly, as all practitioners should be students, to them also we commend the work; and when its index shall have been framed to serve as repertory, we hope they will use it as their book of reference also.

“The inference is that every homœopathic physician, *in esse* or *in posse*, should have the *Cyclopædia* in his library. The editors could not thus urge its claims were they the authors of its pages, or had they any pecuniary interest in its sale. Being without such disqualification they can speak freely. They have simply presented the original genuine material we all need for carrying out the homœopathic law; and believing earnestly in that law, and unwilling that it should be swamped in the prevailing empiricism, they are anxious that their work should not be regarded as a luxury for the few, but should be possessed and utilised by all. We have been fed with peptonised food and clothed in “shoddy,” till perhaps our digestive power has failed through disuse, and we hardly value true broadcloth when we see it. Only thus can the editors account for the difficulty found by the Treasurer of the American Institute in obtaining purchasers for the four hundred copies of each part subscribed for by that body. They can but trust that the *Cyclopædia* may itself in time excite a healthier taste; and that then a sound pathogenesis will lead to more intelligent, more satisfying and more successful practice.

“In conclusion, the Editors have only to renew their grateful thanks to the members of their Consultative Committees, and to the other gentlemen they have already named (to whose list Dr. Winthrop Talbot, of

Boston, U.S.A., should now be added), for the efficient help afforded them in their task."

To supply this universally felt want, the editors of the *Cyclopædia* have worked with untiring patience and indomitable perseverance for some six years, and the result of their united labours, the magnitude of which it is impossible for any but themselves to appreciate, is seen in the volumes before us—a work unique in its plan, execution and claims. It is intended to be, and we do not hesitate to say, must prove, an epoch-making book. It is unique in that it presents a record, as complete and accurate as present knowledge and assiduous care permit, of the disease-producing power of drugs, whether manifested by experiment on healthy human subjects and inferior animals or as a result of poisoning. No other work with which we are acquainted does this, giving us at once the fine and the coarse effects of drug action, their functional and structure-altering powers, both local and specific. It is further unique in that the record is given as the effects were obtained, the natural sequence and association of the various symptoms (subjective and objective) being preserved. Yet, again, it stands alone in being an account of the strictly *pathogenetic*, as opposed to the *therapeutic*, powers of drugs. That is to say, not only are the curative powers as such not related (except incidentally), but the many so-called clinical symptoms found in pre-existing records are excluded. By "clinical symptoms" are understood those which have disappeared during the administration of a medicinal agent. The information thus presented is derived where possible from original sources, and is thoroughly accurate and representative. Possessing these features we think the *Cyclopædia* has established its claim as a comprehensive record of *materia medica pura*. In its early stages the editors were reproached with too freely pruning and too greatly condensing; latterly we have heard nothing of this. When it is remembered that the *Cyclopædia* supplements and endorses all the reliable records of Hahnemann, and when its pages are carefully perused, we are sure very few will complain that its faults are those of omission. Many, on the other hand, would gladly see still further pruning. At present, this, we maintain, would be unwise; for the natural mode of recital adopted renders it quite possible for the student to detect and reject doubtful and unconfirmed symptoms. Future experience and experiment will confirm or exclude any dubious statements.

At a recent meeting of the British Homœopathic Society, when the English editor presented the members with the completed *Cyclopædia*, it was remarked, as if in disparage-

ment, that the work was but "raw material." It surely is not realised by those who make this statement by way of complaining of the unpracticalness of the *Cyclopædia*, that the future success or failure of homœopathy and homœopaths depends on the nature of the "raw material" with which they have to work. Reliable and genuine raw material must be forthcoming before even a master hand can manufacture or build in a manner which will stand the test of time and modern criticism. To obtain an explanation of many a failure in the past the practitioner has but to take, say, half-a-dozen drugs and compare their powers as portrayed in the *Cyclopædia* and in the symptom lists with which he has been in the habit of working. He will see that he has been building with hay, straw, and stubble, and fighting with untempered weapons. But he will also discover a wealth of hidden treasure of which he has not dreamed before.

One gentleman during the discussion wished the picture of the total action of each drug ready drawn for him by the efforts of another. It cannot be denied that to read the word-picture painted by another is an easy method of learning our materia medica; but it is equally incontrovertible that for obtaining a working knowledge, ever available for immediate use, it is incomparably better to draw one's own picture, to forge one's own weapons. If students of the materia medica—and none of us will ever, we hope, get beyond the position of learners, even though we may be also practitioners and even teachers—will write out for themselves a systematic account based on the *Cyclopædia* of the effect of a dozen or twenty of our chief drugs on the organs and tissues of the body, we venture to state that they will finish the task with a wider and more precise knowledge of these medicines than they had before they began, and will have learned to value the *Cyclopædia* as they little expected. We can give but one brief example of our meaning. Without farther selection than seeking a short medicine for our purpose we opened the *Cyclopædia* at *Aletris farinosa*. This medicine has been chiefly used for excessive menstruation; its use has been usually an empirical one, but it has been stated to be a homœopathic remedy. There can be little doubt, however, that if it acts as a hæmostatic at all, it does so antipathically and not homœopathically. In one prover (vol. iii., p. 478) menstruation twice became scanty and of short duration while she was taking substantial doses of *aletris*; in two other women (vol. i., p. 212) menstruation became scanty (in one half the usual quantity); in a fourth no menstrual symptoms are noted. Thus, in all three cases where any information is given the effect was to reduce the quantity of the

menstrual flow, and in two to lessen the duration. Nevertheless it has been copied from book to book that profuse menstruation was an *aletris* symptom. Pelvic symptoms were exhibited by the female provers; two had backache, two hypogastric pain, one developed leucorrhœa, and another became cured of it; pains in groin, "soreness" at epigastrium, relieved by food, occurred when the stools were loose, as they often were; "bearing down" and "colic" were apt to accompany. In three of the patients with pelvic symptoms restlessness occurred, in one all night, and in two others the early part. Throat or gastro-intestinal symptoms, brought out little or not at all by the schema of Hering (*Guiding Symptoms*), are found in the *Cyclopædia* to occur in both sexes; in one case—that of a woman who had taken 3 gr. doses of the crude substance—there developed a spasmodic cough, like pertussis, complicated by incontinence of urine on coughing or sneezing. In another case "urinary tenesmus" occurring after a hard stool occurred—perhaps this may be regarded as an early or primary condition, while the weakness of sphincter in the other patient may be regarded as a later stage of the same action. Languor and exhaustion were other signs of muscular atony in the same patient. Headache occurred in both sexes and in both classes of maladies.

Thus *aletris* gives us an illustration of how the *Cyclopædia* both corrects and extends our information respecting drug pathogenesis. To make it complete as a work of daily reference by the practitioner, we await the *Index*, which we hope will take as much as possible the form of a good repertory, indexing conditions of time, aggravation, and amelioration, etc., both together with the symptoms to which they belong and separately. Whatever plan is adopted with the *Index*, however, we have in the *Cyclopædia* "raw material" of the best quality, by diligently making use of which, fame and fortune, health and wealth, may be obtained. We advise our readers at once to secure the few remaining copies in print.

The printing and paper are good, clerical errors very few, and the sixteen parts are bound into four handsome octavo volumes.

All present and future homœopathic practitioners and students will owe a lasting debt of gratitude to the *Cyclopædia* and its editors, especially, we believe we may add, to Dr. Hughes; for we think we are correct in saying that it was at his instance that the work was discussed, planned and begun, and that it has been very, very largely owing to his energy and self-sacrificing industry, that it has been so speedily brought to a successful issue. The number of

British homœopaths is small compared with those on the other side the Atlantic; our institutions are very few and modest measured by American standards, but in respect of treatises on *Materia Medica* and *Therapeutics* we feel that England may be proud of its homœopathic publications—most of which we owe to the wide erudition and fertile pen of the British editor of the *Cyclopædia*.

We offer our hearty and sincere congratulations to the editors on the consummation of this part of their difficult, tedious and herculean labours. Their reward is sure—posterity will not forget them and their work; but let all our readers remember that a little present appreciation and encouragement is worth any quantity of post-mortem laudation. We hope the editors will soon learn that through the good judgment of our confrères in England and America a large reprint of the *Cyclopædia* is called for.

The Medical Annual and Practitioners' Index: A Work of Reference for Medical Practitioners. By numerous Editors and Contributors. Tenth year, 1892. Bristol: John Wright & Co. London: Simpkin, Marshall & Co.

We have had much pleasure in examining the issue of the *Medical Annual* for the present year, and in seeing that it more than maintains its previous reputation for fulness and accuracy of information. It is quite impossible to notice all the articles, or even all the salient or new features of this *multum in parvo*. One feature which we may mention in passing is the introduction (we believe for the first time) of a number of excellent coloured lithographs. But the chief value of these, good as they are, lies in the fact that they are in illustration of several valuable papers on comparatively new and important departments of medical science. The first appear in a paper by Mr. Hurry Fenwick on the cystoscope and its use in the diagnosis of diseases of the bladder, our knowledge of which has been much modified and extended by the use of this instrument, chiefly in the hands of Mr. Fenwick. The author gives some useful guiding rules for ascertaining the cause of hæmaturia: "1.—Symptomless hæmaturia occurring in adults under 45 years of age, without residual urine being present, is usually of renal origin, or due to an early stage of some form of growth springing from a part of the bladder away from the urethral orifice. . . . It is a fallacy to believe that all bright symptomless hæmaturia originates in the bladder. 2.—Hæmaturia with symptoms such as penile pain and frequency of micturition. In the young, up to the age of 25, the bleeding

. . . is usually due to ulceration of the bladder if *calculus* be excluded. Darkish hæmaturia, in males over 50, if 2 ozs. and upwards of residual urine be present, may be due to stone, enlarged prostate, growth, or atony. . . . If calculus and residual urine are negatived, and the stream is strong and full, the prognosis is grave, for the question of soft growth has to be entertained." Of tuberculosis of the bladder, adopting Mr. Hutchinson's phraseology respecting syphilis, Mr. Fenwick says, "There is no disease of the urinary organs capable of such accurate mimicry as tuberculosis."

Mr. Eve gives a good *résumé* of Horsely's paper on "Cerebral Surgery," read at the Berlin International Medical Congress. We observe therein a statement which had escaped our notice:—"As to cerebral gummata, medicinal treatment in no wise cures, and only temporarily alleviates." This statement appears to us difficult alike to substantiate or to disprove. Pressure symptoms unquestionably disappear during the administration of *iodide of potassium*, and the inference is that the supposed guma has "melted away," as they so frequently begin to do in situations accessible to observation. If Prof. Horsely be correct, the diagnosis of guma in these cases is erroneous. How, then, can the pressure symptoms be accounted for, and still more how can their disappearance under the *iodide* be explained?

Mr. Grün appears to have discovered a bacillus for bronchitis, and unlike most other discoverers in this field he has found an agent which will destroy the bacilli without killing their host; that agent is *acetanilide* (*antifebrin*). His success in cutting short acute bronchitis "in a comparatively few hours," is interesting. We should like to know what "a comparatively few hours" may mean, for we have heard of and seen "acute catarrhal bronchitis" "cut short in a few hours" with older and simpler and less harmful "antipyretics" than *antifebrin* in 5 grain doses every 2 hours.

An able sketch of recent advances in bacteriology of a most interesting character, is given by Dr. Armand Ruffer. How the presence or absence of a different bacterium in a given disease coincides with difference of symptoms, *e.g.*, in diphtheria and in pneumonia, is clearly demonstrated. The mass of research in bacteriology has, unfortunately, a very meagre representation in therapeutics. We may except, however, a very important lesson bearing on prophylaxis. It has been shown that over-fatigue, cold, nervous shock, by weakening the resisting structures (cells, leucocytes, "phagocytes") leads to multiplication of the micro-organisms. Animals (white rats) usually insusceptible to anthrax, take the disease readily

when suffering from over-fatigue. Cold, hunger, over-fatigue, exhaustion from any cause, thus powerfully predispose to the contraction of any infectious (bacillary) disease.

A short but useful paper by Dr. Percy Wilde on "Physical methods of treatment," deals with extension in locomotor ataxy, percussion in spinal irritation, treatment of stiff joints, incipient phthisis, &c. Physical methods form an auxiliary often neglected to the great loss of the patient.

The more strictly therapeutic part of the volume—the Dictionary of New Treatment—is also edited by our friend, Dr. Percy Wilde, and is as catholic as usual. From this section everyone may learn something, and some of its readers will learn much which will surprise them. We cannot say more—perhaps we have said too much already. We hope that our lengthy notice is rendered unnecessary by most of our readers having perused the volume itself before they see our remarks and extracts. Certainly it is one of the most useful books that could be found in the hands of the general practitioner. It is also the cheapest work we have ever seen.

With the "Pousse Café." Being a collection of post-prandial verses. By Wm. Tod Helmuth, M.D. Philadelphia: Boericke & Tafel, 1892.

THIS little volume (140 pp.) consists of a collection of amusing "medicated" rhymes from the pen of our learned and genial *confrère*, Dr. Helmuth, the well-known American surgeon. "After-dinner" criticism must not be severe, especially, as the author says (*Minutes of a Late Medical Meeting*):—

"I am only a surgeon, and cannot lay claim
To poetical pathos, not even in name.
I may string out some rhymes, but am not a poet,
And before you have finished this *séance*, you'll know it."

In 1880 Dr. Allen's *Encyclopædia* was finished, and at a congratulatory dinner in New York, Dr. Helmuth gave his "Our New Materia Medica." The year 1892 has seen the completion of the *Cyclopædia*, and we may with aptitude quote from that poem some lines which might even more appropriately have been written to celebrate that work:—

"The Materia Medica grew bloated."
". . . . Galvanic currents, electricity,
The leprous crust, pure syphilinum,
The coloured ray, and lac caninum;
Nay, even Luna from the starry skies.
Unmoved for ages by the lovers' sighs.
Could not escape the homœopathic rub
Was caught and held by water in a tub.
A hundred thousand more with these
Were brought to help us to dispel disease."

"Who was to judge of this incongruous mass,
To tell the earnest worker from the ass?
To dig and delve in this exhaustless store?
To cull the labours of those gone before?
Who was the man, at once so wise and rash,
To say that here is truth and there is trash?
To bravely stem this symptomatic flood,
And while eliminating bad from good,
Become a mark for factions in the school,
Termed wise by this, by that man called a fool?
He came at last, the thankless task assumed,
And o'er the work the mid-night oil consumed.
Before th' enormous mass of symptoms, stood
Steadfast of purpose, sifting bad from good;
Arranging provings which unnumbered lay,
Till through chaotic darkness beamed the day.
To-night we thank him, for his work is done,
Twelve (four) ponderous tomes proclaim the victory won."

Many amusing incidents and stories are given in pleasant rhyme to read after dinner and check the secretion of black gall. Many a good point is made against the doctors, and even the "knights of the little pills" do not always escape the trenchant strokes of the author's pen. The tedious moments of waiting for the "City doctor" might be beguiled by this little book.

The Clinical Guide; or, Pocket Repertory for the Treatment of Acute and Chronic Diseases. By G. H. G. JAHR. Translated by CHARLES J. HEMPEL, M.D. Second American revised and enlarged from the 8th German edition; enriched by the addition of the *New Remedies*, by SAMUEL LILIENTHAL, M.D. Philadelphia: Hahnemann Publishing House. 1891.

THIS *Pocket Repertory* is a pocket-book only in name, being a strongly half-bound octavo volume of over 600 pages. It consists of an alphabetical index of diseases, followed by a list of the remedies suited to the particular form or variety of the disease under consideration. Of these remedies there is often an *embarras de richesses*. The terminology and pathology of the work are antiquated. Thus, under the head of "Itch—(scabies)," as a variety, is given "bakers' itch," with its appropriate remedies. In another place we are informed that "there is a kind of carbuncle which contains lice," and it is satisfactory to know that for this loathsome disease *arsenic* and *china* are adequate remedies. Perhaps this was prophetic of the discovery of the bacillus anthracis. When the first edition of this work appeared away back in the dark ages, we doubt not that it had an important and helpful place in the literature of homœopathy. We fear that its

weanish lists of remedies without indications, or indications consisting of vain repetitions of symptoms having often only verbal differences by which to distinguish, will not find much favour in the present day. Should it ever become necessary to consult such a work, the late Dr. Lilienthal's own work on therapeutics is more complete and more modern. In short, we do not see that there was any call for a fresh edition of this monument of past industry, and should not expect any advantage to accrue to homœopathy or homœopaths by its re-issue.

MEETINGS.

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

THE usual monthly meeting was held in the Hahnemann Hospital, Hope Street, Liverpool, on Thursday, March 8rd, Dr. Charles W. Hayward, the President, occupying the chair.

Dr. HAYWARD called attention to an extract from the *Liverpool Mercury*, which referred to the danger of examination of the body in cases of inquests on fever patients. In the case in question, several of the persons whose duty brought them in contact with the deceased were attacked with "fever," in one or two instances with fatal result. That the case was one of genuine typhoid was confirmed by the autopsy. Dr. Hayward suggested that this decidedly indicates the infectiousness of typhoid. On the other hand, a good many cases of typhoid had been treated in the Hahnemann Hospital without any spread of the disease.

Dr. J. D. HAYWARD showed a pedunculated tumour, about the size of a small orange, which he had removed from the labium majus of a patient aged 29. It had been growing since she was 14 years of age, and she had it removed simply because of the inconvenience it caused her. It had given rise to no pain.

Dr. CAPPER narrated a case of cerebellar hæmorrhage in a young man 21 years of age. He was suddenly attacked with convulsions of an epileptiform character, the peculiarity being that he constantly turned round in the bed from left to right, burrowing his head in the pillow. The convulsions lasted about 86 hours, after which a period of consciousness ensued; this was followed by intense pain in the head, chiefly in the frontal region on the right side, and the patient died suddenly in another convulsive attack. The post-mortem examination revealed the rupture of a large vessel in the right lateral lobe of the cerebellum, the brain tissue being completely disintegrated. The cause of the hæmorrhage was obscure.

Dr. J. D. HAYWARD mentioned an anomalous form of scarlatina, which had broken out among the members of a family which he attended. The peculiarities were greatly enlarged glands of the neck, a dark coloured rash, no desquamation, but albuminuria in some of the cases. One of the children at the same time had typical scarlatina, which ran its usual course, desquamation attending convalescence.

Dr. MURRAY MOORE suggested drain poisoning as the probable cause.

Dr. BERNARD THOMAS read a case of *ammonia* poisoning from the *British Medical Journal*, and called attention to the analogy of the symptoms to those of diphtheria.

Dr. HAYWARD was inclined to think that the symptoms were mostly due to direct local irritation.

Dr. HAWKES mentioned a case of scarlatina where the tonsils were so large as to meet, but where no membrane occurred; whilst, in the case of a sister of the patient, whose tonsils had been previously excised, the cavities were filled with a membrane.

Dr. HAWKES then read a paper, which he entitled "A Phase of Alcoholism." He commenced by referring to the abuse of alcohol, and went on to relate some of the evils he had seen resulting from such abuse among the vendors of the commodity. He then proceeded to give the following details of a case which he considered a typical one of alcoholic paralysis. A woman, aged 82, had been ailing for some six months. Illness began with vomiting, diarrhoea, dry tongue, abdominal tenderness, and ultimately a semi-comatose condition supervened. Diarrhoea was involuntary, but there was no urinary incontinence. *Jatropa* and *bryonia* were given, and she regained consciousness, but her reason was impaired. Three weeks after the onset she began to narrate all sorts of imaginary occurrences, to refer to relatives long since dead, and to experience sundry other delusions. After about eight weeks she complained of girdle pains, numbness of the legs, want of sensation therein, and pains in the head and face. There was no facial paralysis; both patellar reflex and ankle clonus were absent. At the time of taking the notes, the legs, which had been much drawn up, could hardly be straightened, and the patient could not stand. In addition to *jatropa* and *bry.*, *merc. corr.* (peritoneal trouble), *cimicifuga* (insomnia), *acid oxal.* (spinal trouble), and *plumb.* (later paralytic condition) had been of service. There was no evidence of syphilis.

Dr. Hawkes then referred to a clinical lecture by Dr. Ferrier, and at some length discussed Dr. Ferrier's contention that *arsen.* and *plumb.*, especially the latter, produced

similar conditions to those produced by *alcohol*. He further referred to the diagnosis, and introduced a patient who had been addicted to *alcohol*, in whom the patellar phenomenon was absent, but who could stand with his eyes closed, although his gait was peculiar. There were no lightning pains, and no Argyle Robertson pupil; moreover, the patient was improving—a fact not suggestive of *tabes dorsalis*, from which disease the differentiation was sought to be made. Notes of a case in the hospital at the time were read, manifesting similar symptoms, and in all probability from the same cause. After drawing attention to the similarity of his case to those of Dr. Ferrier, Dr. Hawkes went on to state that the disease used to be classed as *polio-myelitis*, but that the essential lesion is now described as a peripheral neuritis. He concluded by stating that Dr. Ferrier remarks that in chronic lead poisoning toxic peripheral neuritis occurs, leading to wrist-drop; and that in alcoholic paralysis the dorsal flexors of the feet exhibit the greatest proclivity.

A short discussion on the paper terminated the proceedings.

PERISCOPE.

MATERIA MEDICA.

ANÆSTHETICS.—Gurlt (*Arch. f. klin. Chir.*, Bd. 42, Heft 2, 1891) has collected a large number of statistics of the administration of anæsthetics, mostly from the practice of German surgeons, but including also cases from Austria, Switzerland, Russia, Sweden, Holland, and Belgium. The total number of administrations was 24,625, extending over a period of a little over six months. In 22,656 of these cases *chloroform* was used, with six deaths and 71 cases of threatened asphyxia; in 470 *ether* was the agent used, and among these cases there was no death and no accident; in 1,055 cases a mixture of *ether* and *chloroform* was used, and there were 5 cases of asphyxia, but no death; in 417 cases a mixture of *ether*, *chloroform*, and *alcohol* was employed, with 4 cases of asphyxia but no death; in 27 cases *bromide of ethyl* was used without any accident. These figures give a mortality for *chloroform* of 1 in 3,776 cases, and a proportion of asphyxial accidents of 1 in 819. In the cases in which a mixture of agents was employed the proportion of asphyxial accidents was greater than when *chloroform* alone was used, being 1 in 211 for *ether* and *chloroform*, and 1 in 104 for *ether*, *chloroform*, and *alcohol*. The total number of these mixed administrations was, however, much smaller than those when *chloroform* alone was used. The apparatus employed is mentioned in only

15 of the statistical reports. In these the one most employed was the Esmarch-Skinner mask; next in order of frequency came the apparatus of Junker, Kappeler, Kirchhoff, and Schimmelbusch. As regards the length of time the patient was under the anæsthetic, the administration lasted one hour and more in 20 of the 296 cases reported by Kraske, in 216 of the 358 cases reported by Billroth, in 34 of 924 cases by Mikulicz, and in 108 of 1,159 by Trendelenburg. The longest time of administration among the whole number in any one case was 180 minutes (Trendelenburg). The quantity of *chloroform* used at each administration in the Charité Hospital during the last six years has averaged 1 cubic centimetre for each minute, or, in other words, 60 cubic centimetres per hour. The largest quantities used in any one administration were 150 cubic centimetres in a case of Thiersch's, and 180 in one of von Esmarch's. The mixture of *ether*, *chloroform*, and *alcohol* used by Billroth and von Hacker consists of 100 parts of *chloroform*, 30 of *alcohol*, and 30 of *ether*. In two of the cases in which *bromide of ethyl* was used recourse had ultimately to be had to *chloroform*, as anæsthesia could not be induced. The simultaneous injection of *morphine* during the administration of the anæsthetic is often mentioned in these statistics, some operators always employing it, others occasionally. With regard to the six cases of death under *chloroform*, *post-mortem* examination showed that in three of them there was fatty degeneration of the heart. The same affection probably existed in a fourth case; in the fifth the patient was very anæmic, and in the sixth nothing was found to account for the fatal result.—*British Med. Journ.*

SAW PALMETTO IN PROSTATIC DISEASE.—A writer in the *Medical World*, who had himself suffered from enlarged prostate, and required to use catheter from two to six times in 24 hours, during six or eight weeks' use of the saw palmetto (*sabal serrulata*) improved so much as to be able to leave off the catheter for six months.—*Hom. Recorder*.

CENANTHE CROCATA.—From the *Homœopathic Recorder* we extract the following:—

Miss H. E. G., æt 16, sanguine temperament, well grown, robust appearance, but dyspeptic.

When 8 years old had spells of absent-mindedness. Would be listless and inattentive for a few minutes, then would be all right. Health at that age good. These absent-minded spells occurred at irregular intervals. Menstruation began at about the age of 12; epileptic convulsions were manifest about the age of 14, and grew more frequent and more intense with time. For six months the patient had

had from six to ten convulsions in twenty-four hours, if not kept stupefied with *bromide of potash*. It would require from sixty to one hundred grains per day to control the condition. The mind was beginning to show feebleness, and the functions of the body were subnormal. The convulsions did not occur at or near the menstrual period any more than at other times.

A mixture of *œnanthe crocata* ϕ , 5 minims in 6 ounces of water was prescribed, to be given a teaspoonful every three hours until there was some complaint of headache, then only every four or six hours, during the day, as would be necessary to control the convulsions. Result, not another spasm. The medicine was continued for three months and then omitted. At that time a little mental excitement brought on a convulsion. The medicine was resumed and continued for three months longer. No more convulsions, and the absent-minded condition had disappeared. The young lady became gay, cheerful, with active mind, and entered society, and took part in social entertainments as did others of her associates.

If the remedy were withheld for a short time a little mental excitement or mental fatigue would cause an epileptic seizure. The remedy was continued, gradually reducing the dose, for a period of about two years. Since that time more than a year has elapsed, there has been no indications of epilepsy and no sequelæ. Five other cases have been treated with like results.—(Dr. F. H. Fisk in *Chicago Medical Times*).

ARNICA (RADIX) IN FACIAL NEURALGIA.—Dr. Lilian Dell (*Homœopathic Recorder*, March) cured a case of left-sided facial neuralgia by *arnica*, after all other remedies had failed. The patient suffered for years from an obscure spinal affection, and her facial neuralgia had been present for a week. The face was swollen, dark red, and painful to touch. The pupils were dilated, and there was a bitter taste in the mouth; patient was very excitable, especially at night, and got but little sleep. *Coldness of the nose* led to the choice of *arnica*, which eased the pain "like *opium*," and the relief was not followed by a return of the pain.

NEW REMEDY FOR LITHÆMIA.—Dr. Bailey (*Homœopathic Recorder*, March) reports favourably on the use of "Skookum Chuck," used in the 8x dil. for the above condition. In one of his cases, eczema, rheumatism, &c., existed in addition to the urinary symptoms. In the other case uric acid deposits, flushed face on a yellowish back-ground, dryness of scalp, and alopecia were removed in the course of treatment.

SALICYLATE POISONING.—A man suffering from sub-acute rheumatism took 2 drachms of *salicylate of soda* in four

hours. He became rapidly affected with delusions: was being persecuted, and attempted to escape by windows, and became violent. For four days visual and auditory hallucinations affected him. He refused to eat, saying it was useless as he was going to be hanged. He broke the mirror which reflected the demoniacal image his imagination pictured. His violence arose solely from his desire to elude his imaginary persecutors; he was neither coarse in speech nor action. Pulse 130, respiration not visibly depressed, gradually recovering after fifth day. (*Med. Record*). Dr. Hale, commenting in the *New Remedies*, says, "The drug ought to be a useful remedy in temporary and acute hallucinations like the above. . . . The hallucination of a conspiracy to kill or injure often attacks prominent citizens who have no cause for such fears. It ought to be useful in puerperal mania." We would add also in some cases of delirium tremens and in the violent delirium of acute fevers, pneumonia, etc.

OXALIC ACID IN AMENORRHEA AND CYSTITIS.—This drug is highly recommended by Dr. A. D. Marsh for the above-named conditions, being, it is said, certain and safe in its action. Half a grain every four hours was the dose recommended.—*New Remedies*.

AVENA SATIVA.—In the *North American Journal of Homœopathy*, Dr. Russell recommends this preparation as an "anti-neurotic" in cases of nervous exhaustion, palpitation, insomnia, lack of power of mental fixation, etc., especially if due to overuse or abuse of the male sexual organs. He also administers this drug with success in cases of morphine habit. If the *morphia*, he says, is not taken in quantities exceeding 4 grs. daily it may be broken off at once, the *oat tincture* being prescribed instead. If over 4 grs. *per diem* are being used it is wise first gradually to reduce the dose of *morphia*. The dose should be from 15 to 30 drops or more.—*Homœopathic Recorder*.

PASSIFLORA INCARNATA is advanced by Dr. Daniels (*Chicago Med. Times*) as a substitute for *opium* and other similar sedatives, especially for diseases of children and old feeble persons. It seems to be used rather as a soporific than as an anodyne, and is said to be devoid of any of the unpleasant effects of *morphia*, *chloral*, etc. Three cases are related by the author: 1st. Fever, diarrhoea, restlessness during dentition in a child aged 10 months; here 10-drop doses every hour secured a good night's rest. 2nd. Dysentery for a week in a child 4 months old, followed by sleeplessness for 20 days, drawing back of head and opisthotonos; 5 drops every half-hour were given, and the patient awoke "seemingly cured." 3rd. An old man, æt 66, with valvular disease and anasarca;

passiflora in half-drachm doses (twice) gave good rest.—
Homœopathic Recorder.

NAPHTHALIN AND CATARACT.—The *New York Medical Times* (April) states that "Dr. Kolinski, writing in *Von Graefe's Archiv*, band XXXV. 2, points out that *naphthalin*, which is coming a good deal into use from the powerful effect it seems to have on the micro-organisms existing in the intestines in some cases of diarrhoea, possesses also the property of producing changes in the nutritive power of the blood, thus being liable to set up degeneration of the blood vessels. As the eye is one of the most highly vascular organs, it is one of the first to show any of the changes induced by interference with the nutritive property of the blood. *Naphthalin* is said, first, to cause small extravasations in the choroid and in the ciliary body, then ecchymoses and white patches in the retina, and finally cloudiness in the lens and crystals in the vitreous.'

PHOSPHORUS.—The following case of poisoning by this drug is reported by Dr. Elkins and Dr. Middlemas, of the Edinburgh Asylum, in the *Brit. Med. Journ.*, December 19th, 1891. The patient was a lady, 34 years of age, who suffered from morbid depression, but was otherwise intelligent and coherent in conversation, and had a good memory. She had been a voluntary patient in the asylum for a year. On the 4th of February she informed the matron that, on the previous evening, she had sucked and chewed the phosphorous ends of two boxes of common red-headed matches, each containing eighty. She had vomited a little during the night, and appearing a little out of sorts she had a dose of *castor oil*.

"When seen after her statement to the matron she said she had a slight 'indigestion feeling,' a disagreeable taste in the mouth, some nausea and a very slight general feeling of *malaise*. She showed a disinclination for food, the temperature was 98.8° F., and the pulse, which was fairly normal in character, was 90 per minute. There was no tenderness on pressure of the abdomen and no phosphoric odour of the breath. Later in the day her bowels acted, and after taking a *seidlitz powder* she vomited a little bilious mucus, but neither then nor at any time during her short illness was there observed in either the motion or the vomit any luminosity in the dark, any smell of phosphorus, or any sign of the red heads of the matches. In the evening the temperature was 98.8° F., the pulse was 100, and the symptoms remained much the same as in the afternoon. On the morning of February 5th, the nurse stated that the patient had slept well during the night, but had appeared a little restless at times as if dreaming. The morning temperature was 99° F., and the pulse was 100. There seemed no increase in the

epigastric discomfort. The nausea and taste of 'rotten eggs' and 'rotten greens' had however increased, and when the patient was given a seidlitz powder it produced vomiting of some bile-stained mucus. The evening temperature was 99° F., and the pulse was 96. She still had the feeling of nausea, although there was no actual vomiting. On the morning of February 6th, it was reported that the patient had slept fairly well; but as during the previous night, she had appeared restless in her sleep. A very slight icteric tinge of the conjunctivæ was now for the first time noticed. The temperature at 8 a.m. was 100° F., and the pulse was 100 and regular, but more compressible. On awakening, the patient had vomited some clear mucus, slightly tinged with bile. The nausea was still a very marked symptom, and there was a disinclination for any breakfast. At 1 p.m. the temperature had risen to 101° F. There was slight pain on pressure over the region of the liver, and the hepatic dulness was increased a little downwards. The patient now complained of 'rheumatic pains' in various situations, but chiefly around the shoulders and in the lumbar region. At 6 p.m. her temperature was 101.8° F. Up to this time none of her urine had been obtained, because she had passed it when at stool. Now, however, eight ounces of reddish-yellow urine, with a large deposit of urates was voided. Its specific gravity was 1080; it had a markedly acid reaction; the odour was normal, and it contained a mere trace of albumen and bile. The patient was menstruating, it being her usual period. At 10 p.m. the temperature was 101.6°; and the pulse was 120, regular, but easily compressible. The pain over the region of the liver was still slight, and did not trouble the patient much. She was still inclined to vomit, especially if she rose from the recumbent position. On February 7th the night nurse reported that the patient had slept hardly at all, only dozing for a few minutes at a time. At 2 a.m. the temperature was 100.6°, and at 6 a.m. and 10 a.m. 101.6°. The pulse was 120, small, and very compressible, but still regular. There was distinct jaundice of the conjunctivæ, and a slight general icteric tinge of the skin. About twenty ounces of acid, reddish-brown turbid urine was passed. The urinary deposit was considerable, being chiefly of mucus and urates, but under the microscope a few fatty casts and some fatty *débris* were discovered. On testing, a small quantity of albumen and bile was found, but no sugar. The patient was still menstruating. At noon her temperature was 102.4° F. She felt generally weaker, and expressed it by saying she felt 'very tired.' The epigastric discomfort increased to actual pain. The liver was easily felt under the ribs, and was

painful on pressure. At 2 p.m. the temperature was 102.6°, and the pulse 120, very compressible, and weaker and smaller than in the morning. Up to this time the respiration had been quite normal, but now occasionally the patient sighed deeply or yawned as if very weary. She complained of slight palpitation, and on examination the cardiac sounds were found to be distant and indistinct. She said she felt tired and sleepy. The 'rheumatic pains' became more marked and general, but still were worst at the shoulders and in the lumbar region. The hepatic pain also increased, coming in spasms and being made worse by any movement of the patient. At 4 p.m. the patient suddenly became much worse. There was decided cardiac failure, the pulse being thready, irregular in time and volume, and at one time, for a minute or two, imperceptible at the wrists. A dusky lividity appeared over the face, especially noticeable in the mucous membrane of the nose, and around some acne spots on the cheeks. The respirations were 36 per minute, some of them being very deep and some very shallow—in fact approaching the Cheyne-Stokes type. There was a great tendency to retch and vomit. Under treatment the cardiac condition began to improve somewhat, but a new symptom—intense thirst—now manifested itself. The patient could not get enough to drink and continually asked for more. She became more drowsy, and then again more restless; it began to be difficult to make her understand what she was required to do, and it was necessary to speak loudly and repeat the words several times before she responded. Up to this time she had been reasonable, coherent, and intelligible in conversation, helped to carry out any instructions that were given regarding her treatment, and altogether behaved in a very sane way; but now the intellectual faculties became decidedly clouded—she was very confused, did not answer questions either readily or correctly, and seemed only half conscious of her state, and of what was going on around her. After her thirst was satisfied for a short time, she would lie back on the pillow, close her eyes, and talk in a semi-delirious manner, the word 'yellow' being frequently repeated. Her speech got thick and like that of a drunken person, and her pupils became dilated and fixed. Sometimes she would be conscious for a minute or two, and recognise those about her, but by 6 p.m., when the temperature had sunk to normal, she seemed quite unconscious and apparently blind. Her breathing was sometimes very rapid and shallow, at other times deep and laboured; there was frequent yawning, and once the respiration stopped for about half a minute. She could take nothing by mouth,

and the cardiac condition was again critical. A drachm of ether given subcutaneously produced no response from the heart. At 8 p.m. the temperature was 97°, and although hot bottles and additional clothes were used, the extremities were cold and livid. The peculiar breathing continued. For about two hours before death there were attacks of great restlessness, the patient throwing herself about the bed, and requiring three persons to restrain her wild movements and prevent her injuring herself. The strength of the patient, considering the condition of the heart, was marvellous. During some of these attacks of restlessness the patient's expression was one of pain, but more often it was of a most intensely maniacal character. The eyes were wide open and staring, the eyebrows elevated, the pupils fully dilated, the mouth set, and the teeth clenched. The patient was also jaundiced and livid. Just before death there was external strabismus of the left eye. Death occurred at 11.15 p.m. on February 7th, or about 100 hours after taking the poison."

The reporters of this case summarise the symptoms of the patient in the following *schema* :—We never saw anything so closely approaching Hahnemann's method of reporting drug effects in the *British Medical Journal* before !

"Alimentary System.

Nausea ; retching ; vomiting ; " indigestion feeling " ; disagreeable taste of " rotten eggs " and " rotten greens ; " discomfort, then pain, and latterly spasmodic pain, in the hepatic region ; increased hepatic dulness ; jaundice ; intense thirst.

"Circulatory System.

" Increase of pulse rate ; compressibility, and latterly irregularity and threadiness of pulse ; palpitations ; cardiac sounds indistinct and distant ; cardiac failure and temporary stoppage of radial pulse ; faintness ; lividity ; coldness of extremities.

"Respiratory System.

" Yawning ; irregular respiration approaching the Cheyne-Stokes type.

"Urinary System.

" Urine scanty, high coloured, of high specific gravity, with traces of albumen and bile, and having a deposit of urates, mucus, fatty case, and *debris*. (It must be remembered, however, that the patient was menstruating.)

"Nervous System.

" Mental symptoms : Listlessness ; drowsiness ; restlessness ; mental confusion ; inability to understand what was said ; inability to answer questions readily or correctly ; inability to recognise friends ; semi-consciousness ; semi-delirium ; de-

lirium ; fits of great restlessness and violence ; constant use of the word " yellow " when delirious ; maniacal expression and behaviour ; unconsciousness ; coma.

" Sensory symptoms : " Rheumatic pains ; " blindness (?).

" Motor symptoms : Thick and drunkenlike speech ; pupils fixed and dilated ; external strabismus of left eye."

The *post-mortem* appearances are described as follows :—

" The skin and conjunctiva had a decidedly icteric tinge. In the various cavities of the abdomen, pleura, and pericardium there was a small quantity of slightly blood-stained fluid. In the cavities of the dura and arachnoid there was about $\frac{1}{2}$ ounce of clear fluid. On reflecting the dura mater there was discovered a recent hæmorrhage from one of the pial vessels on the left side. It was quite thin, forming a layer of less than an eighth of an inch in thickness, and quite recent, situated towards the vertex, and extending from the top of the fissure of Rolando backwards nearly to the parieto-occipital fissure, and downwards to about an inch above the fissure of Sylvius. It was slightly adherent to the dura, and the greater part was lifted off along with the latter when it was reflected. It did not pass down the falx at all. There was another similar, but much smaller, hæmorrhage about the size of a shilling over the middle of the occipital region. The sinuses of the dura mater contained large well formed *post-mortem* clots.

" The encephalon weighed 58 $\frac{1}{2}$ ounces, and the convolutions were numerous and well formed. The pial veins were very considerably engorged. The pia was not at all adherent to the cortex, and was separated from it by fluid to a noticeable extent only over the right superior parietal convolution, where there was some degree of local atrophy. There was no apparent atrophy of the convolutions at any other part. On section of the brain, the grey matter was seen to possess a distinct rose pink colour, and appeared very congested, many of the individual vessels being quite distinct to the naked eye. Its consistence was firm and it was not apparently atrophied. The white matter seemed fairly healthy, except that the puncta cruenta were more than usually prominent. The lateral ventricles were not dilated and the ependyma was healthy, there being an absence of thickening and of granulations. Like the grey matter of the cortex, the basal ganglia were of a rosy pink colour and congested appearance, the vessels being prominent. In the cerebellum, pons, and medulla there was a similar condition of things.

" It was in the microscopic appearance of fresh sections of the cortex that the most interesting changes were seen. Those stained with osmic acid and picrocarmine showed very

distinctly the presence of fatty particles in the walls of the larger capillaries. In only one or two instances was this change seen in the smallest capillary loops which pass to the individual nerve cells. In the larger nerve cells there could also be made out many darkly-stained fatty granules, and in some cases these were so numerous that the cell appeared like a black granular mass embedded in the neuroglia, without any definite structure. Where the fatty change had not been so pronounced the nucleus was well seen, and in nearly all of these several small, round, black points were visible, showing that the fatty change had taken place in the nucleus as well as the cell protoplasm. These appearances were corroborated in sections stained with aniline blue-black. In these the fatty particles in the nuclei appeared light, in contrast with the remaining darkly stained portions, and in the cell protoplasm the evidence of fatty degeneration could also be made out, though not so easily, as the fatty granules, slightly tinged by the osmic acid used in fixing the sections, presented an appearance not differing greatly from the particles of pigment in the cell. The changes in the nerve cells were most pronounced in those of the fourth layer."

The reporters trace the fatty changes in the walls of the small vessels and in the nerve cells to the *phosphorus*. The evidence that existed of slight pigmentary degeneration of the nerve cells and of deposit of pigment in perivascular spaces, as well as slight increase in the nuclei of the neuroglia, they regard as due to disease, these being the pathological correlatives of the mental condition from which the patient suffered.

"The right lung showed numerous small subpleural petechial hæmorrhages between the middle and lower lobes, while of the left these were absent. The lung tissue was slightly congested and the bronchi inflamed, otherwise they appear normal. On the heart there were a few subepicardial hæmorrhages at the apex of the left ventricle posteriorly, and also at the junction of the auricles and ventricles. There were well-formed large *post-mortem* clots in all the cavities. The aortic valve was slightly thickened and incompetent. The muscle was pale and soft, and had a greasy feeling. Under the microscope very well-marked fatty degeneration of the muscular fibres was seen to have occurred.

"The liver weighed 52 ounces, and was of a very pale canary yellow colour, mottled with petechiæ on the surface. On section there were also numerous small hæmorrhages scattered all through the liver tissue. Under the microscope these hæmorrhages were found to be situated chiefly in the portal spaces and amongst the neighbouring liver cells. The liver cells were almost entirely replaced by fatty matter, and

the nuclei could be made out only with difficulty, in many cells not at all. A section treated with ether showed very little of the cell protoplasm left. There was a considerable increase in the connective tissue corpuscles in the portal spaces, evidencing an inflammatory condition.

“The kidneys were slightly enlarged, and appeared pale in colour. The vessels were somewhat congested, and the tubules evidently fatty. Under the microscope this was seen to be the case, all the cells containing small fatty granules.

“The spleen weighed 8 ounces, and was softish, and of a uniformly dark colour on section. No definite changes beyond some congestion could be made out.

“The stomach contained 16 ounces of dark brown fluid, which had no special odour. The mucous membrane was very pale, and at the cardiac end there were a few submucous hæmorrhages. The cells of the peptic glands were fatty, and there were evidences of an acute inflammatory process with rupture of some of the smaller blood-vessels and escape of the corpuscles. There were numerous subperitoneal petechiæ scattered over the mesentery, with fatty degeneration of the cells in the walls of the vessels.”

A. C. P.

DISEASES OF CHILDREN.

ENLARGEMENT OF SPLEEN.—Dr. J. Walter Carr (*Lancet*, April 23rd) has, at the Victoria Hospital for Children, had 80 cases of enlarged spleen, with symptoms, course and pathology so characteristic as to constitute it a disease *sui generis*. This condition has been termed “splenic anæmia.” The patients varied from 2 months to 2½ years of age when first seen, males and females almost equally. The spleen is enlarged to a variable degree, and is hard to touch. The liver may also be enlarged. Hæmorrhage from mucous membranes or in the skin may occur, as also irregular attacks of pyrexia. The blood was distinctly pale and flowed freely from a prick; coloured cells ranged from 32-78 per cent. of normal number. The hæmo-globin ranged from 50-70 per cent.

The course is chronic. Death may occur from anæmia and exhaustion; from bronchitis or pneumonia; or from diarrhoea. In this way 10 cases died out of 80; thirteen were either cured or were steadily improving.

HEMICHOREA AND HEMIPLEGIA.—M. D., æt 4 years, had suffered from convulsions during teething; her teeth began to appear only at 18 months. In her fourth year she had influenza, followed by choreic movement in left arm and left face, and later in the left leg. They did not entirely cease

during sleep, sometimes waking the patient up. Left hemiplegia soon came on—the little girl suffered much pain in head, waking her and causing her to call out loudly. When seen first by Mr. Piggott she had unequal pupils—l. dilated, r. contracted, l. conjunctiva totally insensitive—marked trismus, jaws firmly closed (*ibid*). Coma developed, the hand was clenched and strongly drawn back, and both feet were similarly affected. There was no tuberculous diathesis. It is a question what share influenza had in the cause.

SPECIAL FEATURES IN HEART DISEASE IN CHILDREN.—In a post-graduate lecture, Dr. O. Sturges pointed out that the heart affections of children are often latent or revealed by physical signs only, and that recovery is not infrequent, and even the physical signs may be difficult and pericarditis may frequently be overlooked. Only a slight and transient friction, synchronous with the endocardial sounds, *but nearer to the ear* may be heard. Or the signs of effusion may be the first intimation that pericarditis exists.

Repetition of the pericardial attacks, without obvious joint or constitutional symptoms, are important prognostically; they constitute a fresh menace to the heart. Children who suffer thus need extra care—protection from exposure, mental excitement and bodily fatigue.

If pericarditis be present, endocarditis is almost sure to co-exist.

Murmurs and disturbed rhythm in a child with rheumatism do not necessarily mean heart disease of an organic crippling nature. Lapse of time can only decide whether a given case is functional or permanent.

Cases of otherwise unexplained anæmia, associated with cardiac conditions and without history or evidence of arthritis may be taken as rheumatic.

A common cause of enlargement of the heart's area, across and lengthways (after the cessation of a pericardial friction sound), is adherent pericardium.—*Lancet*, March 19.

LARYNGEAL CHOREA.—Dr. J. H. Nicoll describes under this term cases of single dry, sharp, spasmodic coughs, occurring at frequent intervals and unconnected with bronchial or throat irritation. In the case of a boy, aged eight years, this kind of cough gradually increased for ten months, and then general chorea developed. The cough used to cease during sleep. It was worse when the chorea came on and got less as the general movements diminished.—*Lancet*, March 12.

EDWIN A. NEATBY.

NOTABILIA.

**"NO ONE IS ALLOWED TO RIDE FREE: PUT
YOUR FARE IN THE BOX."**

THE "text" may have been intended for Americans, but we think the "sermon" will do fairly well for our readers this side the "herring pond." Here it is:—

"Years ago, when bob-tail street cars were quite the fashion, the above was put in every car. We have often thought what a fine sermon could be preached from such a text. It is true to-day, not only in riding in street cars, but in every avocation of life. No one is allowed to ride free.

"Do you wish to be a successful physician? If so, it means work. Not merely skimming the surface, but a digging deep into materia medica, pathology, diagnosis, &c. If you expect to get your ideas digested, boiled down and fitted for use, you will find yourself out of patrons and friends. It means work to be a good physician. Put your fare in the box.

"Are you keeping late hours, paying no attention to hygienic surroundings, bolting your food? If so, you are simply digging your own grave and fixing the trappings on your own coffin at the same time. Doctors are human beings, and you need just as much sleep as any of your patients, and if you are careless of yourself you soon pay the penalty. No one is allowed to ride free.

"Another thing, doctor—do you read the journals? If so, and have found any good ideas from some brother practitioner in print, and have used them without relating a case or sending a clinical report, you are stealing your ride. Put your fare in the box.

"Send a report of some of your work. You will feel better, be better, and have a more manly feeling than if you never give back anything for what you have received. Put your fare in the box."—*The New Remedies* (March).

MEMORIAL TO THE LATE MAJOR MORGAN.

At the London Homœopathic Hospital, on Thursday, April 7th, a meeting of the Board of Management, the Medical Council and the Medical Staff, was held to consider a proposal to establish a memorial to the late chairman and treasurer of the hospital, Major William Vaughan-Morgan, when a committee was formed consisting of the members of the Board and representatives of the homœopathic section of the medical profession to take the necessary steps to carry out the proposal and to receive subscriptions for the purpose. The meeting decided that a bust in marble, by some eminent

sculptor, to occupy a prominent place in the new hospital would be a suitable form of memorial. But it is not improbable that, having regard to the well-known views of Major Vaughan-Morgan, an additional effort, having for its object, some special benefit to the hospital and the convalescent home at Eastbourne may be decided upon. We hope, later, to be able to publish fuller details of the decisions of the new committee when their meetings shall have taken place. For the present we are authorised to say that any friends of the late Major Vaughan-Morgan, or any supporters of homœopathy, or the hospital, or the convalescent home who may wish to be represented in the proposed memorial may send subscriptions to the editors of the *Monthly Homœopathic Review*; or to the treasurer of the fund, Sir Robert Palmer Harding, 20, Wetherby Gardens, S.W.; or to the bankers, Messrs. Stilwell & Son, 21, Great George Street, Westminster; or to the Hon. Sec., G. A. Cross, London Homœopathic Hospital, Great Ormond Street, Bloomsbury. We feel sure that all who have known and admired the unequalled services rendered by Major Vaughan-Morgan to the cause of homœopathy and its charitable institutions will be desirous of participating in this act of grateful appreciation and remembrance.

OPENING CEREMONIES OF NEW HOSPITAL, DISPENSARY AND MEDICAL SCHOOL BUILDINGS OF THE UNIVERSITY OF BOSTON.

In our February number we gave some account of the additions, then nearly completed, that were being made to the Hospital, Dispensary and Medical School of the University of Boston. These were formally opened by a series of meetings, termed "exercises," held during the morning, afternoon and evening of the 16th of March. The rooms were crowded with visitors. The trustees' room, in which a preliminary reception was held, and the hall in which the meetings took place, were handsomely and extensively decorated with tropical palms, roses, daffodils and evergreens. The morning meeting was devoted to the opening of the hospital. The proceedings commenced by the offering of prayer by the Right Rev. the Bishop of Massachusetts, who, as the Rev. Dr. Brooks, has long been well known by those who attend the services at Westminster Abbey. The keys of the building were then handed over by the Chairman of the Building Committee to the President of the Hospital, Col. Codman, who, after a short address, introduced the Governor of the State of Massachusetts (W. E. Russell), who addressed the meeting to the following effect:—

"Ladies and Gentlemen,—I wish to bring you greeting from the old commonwealth, and to tell you that it recognises the great good which this Institution has accomplished. Massachusetts, as a mother State, reaps the benefit of what is accomplished here, for whatever is done in the name of charity is done for her. We are all proud of the prosperity of this State, but there is something grander and nobler than mere prosperity. Education and charities reflect more credit upon the old Bay State than anything else. It is Massachusetts, as a Christian, religious commonwealth, which places the school-house beside the church, that sympathises most strongly with this work. From it I bring the heartiest commendations and best wishes for what this Institution can and will do."

After some music from the orchestra, the company dispersed, making a tour of inspection through the new wards and rooms of the Hospital and Dispensary, and then a reception was held by the Ladies' Aid Association in the trustees' room, while another band of ladies presided over a refreshment department in one of the rooms of the new Medical School buildings.

In the afternoon, at 8 o'clock, another equally large and representative assembly of Bostonians gathered in the Dispensary, when the President of the Dispensary (Mr. F. A. Dewson) occupied the chair. The Rev. Dr. Griffiths having opened the meeting with prayer, the Chairman delivered a short address, in which he dwelt on the value of the Institution to the poor as a source of relief, and to the physician and student as affording large and varied experience of disease and its treatment, closing with a concise statement of the history of the Dispensary. The representatives of the city, the chairman, and three other members of the Board of Aldermen, were next introduced, and Alderman the Hon. J. Lee—the Chairman of the Board—addressed the meeting, saying:—

"In the name of Boston's city council and her citizens, he congratulated the trustees, and said that the city treasury was saved thousands of dollars by such institutions. The poor, if not cared for by the Dispensary, might in many cases become a public charge. He expressed himself as thoroughly in favour of municipal aid to charitable work of such a nature. It was a measure of economy. The land given was merely a homœopathic dose, as it were (laughter), but if ever called upon to vote still more from the city treasury he should be in favour of giving needed aid to the Dispensary in allopathic doses." (More laughter and applause.)

After a short speech from the Chairman of the Hospital Building Committee, and the performance of some selections of music by the orchestra, the meeting adjourned.

At 8 p.m. the hall of the Medical College was filled to

overflowing with visitors. The chair was occupied by Dr. J. T. Talbot, the Dean of the Medical Faculty. The Rev. Dr. Parkhurst having offered prayer, the Rev. Dr. Warren, the President of the University, delivered the following address:—

“Ladies and Gentlemen,—Your presence at these services is a welcome proof of your sympathy with the aims and efforts which stand embodied in our new and commodious Medical School buildings. We sincerely thank you for your friendly interest, and we hope that in the future, not less than in the past, we who represent this school of medicine may show ourselves deserving of your continued goodwill. Felicitations, of course, are the order of the evening. Felicitations first of all to our indefatigable Dean, Dr. Talbot. But for his clear-eyed faith and ardent hope and generous charity, this building could not have been erected. To his wise and heroic leadership it, and the related Hospital and Dispensary buildings, stand a worthy monument. But it is also well that you to-night bring felicitations and thanks to the faculty and to every member of it. If the Dean has been the recognised and honoured leader, none knows so well as he how helpless he would have been without the cordial and liberal and constant support of his colleagues in the board of instruction. Again, felicitations are due to the trustees of the university, who appropriated towards the expense of the building \$40,000; also to many a private benefactor who out of limited resources has given time and money to supplement the original appropriation. A long succession of classes are to be congratulated on improved accommodation and instruction; science and art on new discoveries and improvements to be made in those laboratories; suffering humanity on victories here to be won over sickness, deformity and death. We do well to rejoice together, and to bring forth the capstone of our undertaking with shoutings. In the few moments that I have been asked to occupy, I wish to direct your attention on to certain facts connected with the history of the school, some of which are by no means as well known as they ought to be, and all of which seem to me eminently worthy of mention on this occasion. In the first place, to all who listen to me it is probably well known that this school of medicine has had two lives. The first extended from November, 1848, to November, 1878,—a full quarter of a century. The second has extended from November, 1878, to the present hour, a period of 19 years. Its first life was lived under the name of “The New England Female Medical College,” its second under that of “The Boston University School of Medicine.” In each of those periods the Institution has had a distinctive and widely recognised mission. In each it has been the foremost

American champion of advanced ideas in medical education. In the first period, in the teeth of intense opposition, it had to battle year after year for a recognition of the right of women to receive a medical education. In the second, in the face of equally great difficulties, it has won memorable victories in favour of higher standards in the medical education of both men and women. In its first period it at one stroke broadened the traditional field of medical training a hundred per cent.; in the second it laid strong hands on the low requirements then prevailing in the medical schools of the country, and for itself lifted them fully a hundred per cent. higher than had been customary. The debt of the nation to the school is therefore twofold, and it is one whose magnitude is destined to wider and wider recognition. In studying the annual reports of the earliest years of the Institution one is impressed on the one hand by the tenacity of the popular prejudices that opposed the project of admitting women to medical instruction, and on the other by the courage and persistence of the men and women who pioneered the new and finally victorious movement. Evidently the times were ripe for this and its related social reforms. The most advanced minds in New England, and far beyond New England, responded to the call. The society which started the school reports in its second annual report more than three thousand paying annual members, and sixty life members. Somewhat later the board of trustees includes at one time the governor of Maine, an ex-governor of New Hampshire, an ex-governor of Vermont, an ex-governor of Rhode Island, and an ex-governor of Connecticut. Contributions of money, small in amount but full of good-will, were received from every county of Massachusetts, from every state in New England, from New York State, Maryland, Pennsylvania, Ohio, Missouri, Alabama, South Carolina, Louisiana, from the district of Columbia and the Republic of Mexico. I have recently read over the names of several thousand of these subscribers, and have been delighted to see how many of the best and most honoured men and women of their generation they represent. A few of them I may mention later. All of them deserve to be commemorated upon memorial tablets, but walls as vast as those of Egypt's temples would be needed were we to include them all.

“The first class admitted to the school was organised in November, 1848. It consisted of twelve, and was the first class of women ever assembled in America for the purpose of qualifying themselves for the medical profession. For several months the instruction had to be given in private rooms, generously offered for the purpose. Then for two years, during the absence of its owner in Europe, the house of

Dr. Winslow Lewis, opposite the Common, corner of Boylston and Carver Streets, was hired for the uses of the school. On expiration of that lease, in 1853, rooms were hired at what at that date was No. 274, Washington Street. Here the institution was carried on until 1859. In May of that year the trustees contracted to purchase of the city a building recently erected for a maternity hospital, situated on a fine large lot lying between Springfield and Worcester Streets and fronting on both. Here the school had its quarters until 1863, when in consequence of poverty and the distractions occasioned by the Civil War it became necessary to relinquish the attempted purchase, and to remove to less desirable hired apartments at 10, East Canton Street. Four years later means were found to purchase a lot of 40,000 feet between Stoughton and Newton Streets, but before a building could be erected thereon, it was happily exchanged for one situated close by the newly-erected City Hospital, the one on which our present buildings stand. In the fall of 1870, 22 weary and struggling years after its opening, the school had for the first time in its history a little roof of its own under which it could shelter its head.

“ Three short years later, crippled by the death of its founder and best supporter, the indomitable Samuel Gregory, bankrupt in its finances, but with a noble history, this historic child of men's ungenerous exclusiveness, and of men's inadequate chivalry, was laid as a sickly and perishing foundling upon the doorstep of Boston University. It could not have fallen into better hands. Its case was quickly diagnosed, and suitable remedies applied. Men were at once admitted to instruction upon precisely the same terms as women. The new exclusivism and the older exclusivism that engendered it, were alike consigned to oblivion. A larger and more progressive faculty was organised, a new and higher curriculum introduced. The building was promptly enlarged to nearly twice its original capacity, clinical advantages were duly provided, chemical and other laboratories, apparatus, appliances for illustrating medical instruction. Then the school began to lead all others in requirements for graduation. It was the first in the country to reinstate the baccalaureate degree in medicine and surgery. It was the first to require three full years in a medical school; the first to introduce a graded four years' course; the first to make the four years' course the only one conducting to the degree of doctor of medicine. Far reaching has been the effect upon American medical education. At least eighteen other medical colleges have now followed our lead in presenting a four years' course of instruction, and in making its mastery the only road to the doctorate in medicine. Two of these institutions are among the very oldest and strongest in our land.

"To-night, as I think of the enlarged facilities and possibilities opened to the school by its new building, the future grows wonderfully bright. But as often as I try to picture it in any detail I find my thoughts turning back to that day of small beginnings forty-four years ago. I remember the brave trustees who, with an empty treasury, planned and toiled to carry the institution forward from one year to another. I recall the vanished company of noble souls who year after year made personal contribution to create the opportunities that here and now exist. Fain would I conduct them to-night through all these buildings where school and hospital and dispensary are established upon a scale they possibly hoped to see, but died without the sight. Noble, progressive souls they were, and we will not forget that we have entered into their labours. Let us summon a few of those grand pioneers out of the fading past and pay them the honour they deserve. Let us ask them to survey our continuation of their work and to enter into our rejoicings. Among them I find the following representatives of the Christian ministry: Charles Lowell (father of James Russell Lowell), Ephraim Peabody, Lyman Beecher, Alexander H. Vinton, James Freeman Clarke, Gilbert Haven (later bishop of the Methodist Episcopal Church), Thomas Starr King, George W. Blagden, Jacob Ide, Nathaniel L. Frothingham, Thomas M. Clark (later bishop of the Protestant Episcopal Church), Abraham D. Merrill, Dexter S. King, A. L. Stone, Azarian Eldridge, Eben Burgess, E. N. Kirk, Theodore Parker, with others who still linger to help in the world's work.

"Among public men I find the names of Josiah Quincy, Samuel E. Sewell, Horace Mann, Neal Dow, Charles Devens, Charles Francis Adams, Edward Everett, Wendell Phillips, and even Thomas H. Benton of far-off Missouri.

"Among physicians I rejoice to find among many others, the name of Samuel Gridley Howe.

"Among men of affairs and of wealth and social standing you may see upon the previous records of our beginnings representatives of the Amorys, the Appletons, the Aspinwalls, the Bowditchs, the Crowninshields, the Hunnewells, and I know not how many others. You will find there the name of Amos A. Lawrence, Lee Claflin, Alpheus Hardy, Jacob Sleeper, Samuel D. Warren, Augustus Hemenway, John Wade, Gardner Colby, Patrick Donohoe, Oliver Ames, Gardner Brewer, Stephen Salisbury, Theodore Lyman, David Snow, William Claflin, Alden Speare.

"Among educators: John Dempster and Stephen M. Vail, Calvin E. Stowe and Austin Phelps, Thomas C. Upham, Edward Hitchcock, Francis Wayland.

"Among honourable women: Sarah J. Hale, of Philadelphia;

Mrs. L. H. Sigourney, of Hartford ; Mrs. Lyman Beecher, Mrs. Henry W. Longfellow, Mrs. Andrews Norton, Mrs. Harriet Beecher Stowe, Mrs. Julia Ward Howe.

“In memory of such far-sighted forerunners, we would speak but modestly of anything we may have been permitted to accomplish in furtherance of their bold prophetic planning. In memory of their service we humbly dedicate our newly-erected structure to their God and to our God, for the service of our common humanity.”

The exercises closed with the singing of the doxology and the imparting of the benediction by Dr. Parkhurst.

THE PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL AND DISPENSARY.

THE Third Annual Report (1891) of this excellent institution speaks encouragingly of the progress during the year. An additional house has been acquired, and some part of it brought into use. The number of patients has increased, reaching last year :

Attendances as out-patients	...	1,688
Home Visits	... ..	1,475
In-patients	... ..	59

The in-patients pay from 3/6 to 10/0 per week, and their payments last year amounted to £78. In spite of these and of liberal donations of a special character the Committee are obliged to appeal for more annual subscribers, a falling off having taken place through deaths and removals.

EXETER HOMŒOPATHIC DISPENSARY.

FORTY-SECOND ANNUAL REPORT, 1891.

DURING the past year the total number of cases treated has been 522.

Number of consultations held was 4,102; 414 visits outside dispensary. Some 15 small operations have been performed.

The following are the details :—

Remain under treatment	... ..	54
Cured	... ..	370
Relieved	... ..	58
Not improved	13
No report...	29
Sent to hospital	2
Died (heart disease and pneumonia)	...	1

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Consulting Physician, Henry Woodgates, M.D.

Medical Officer, R. W. Bremner, M.D.

GUERNSEY HOMŒOPATHIC DISPENSARY.

WE have not hitherto had the pleasure of noticing the establishment of this juvenile institution, which is engaged in conferring benefits on the poorer inhabitants of Guernsey, and in spreading a practical knowledge of homœopathy in the island. The Guernsey dispensary was opened, as we learn from a cutting sent us by a correspondent, on December 10th, 1890, at Clifton. Although Dr. Webster has worked single-handed, he has paid 264 home visits, and given 1,746 consultations to patients at the dispensary. The expenses have all been met, and the New Year began with a balance of £29 in hand. A donation of £52 10s. has recently been received by the treasurer "From a patient in appreciation of skill," as the letter to the medical officer stated. We congratulate Dr. Webster on the successful establishment and conduct of this new dispensary, and wish him and it every success. We are always pleased to learn that a new dispensary is opened, for when properly conducted each fresh one forms a centre for the dissemination of the truths we value.—*Guernsey Advertiser*, March 26th.

A NEW MATERIA MEDICA SOCIETY.

WE learn from our American contemporaries that a society has recently been formed whose object is the collection and preservation of all verified symptoms from every homœopathic periodical in the world, and from members of the Society. It is entitled the New York Homœopathic Materia Medica Society, and will publish monthly a report of its proceedings.

HEALTH OF MARGATE.

WE are glad to know that Margate has been "setting its house in order." A system of drainage has been carried out by Mr. Baldwin Latham, M.I.C.E. New waterworks have been erected, and notification of infectious diseases has been practised. The death-rate per thousand last year was 11.4, the lowest on record for 8 years, and the actual number of deaths, with an increasing population, was less last year than since 1876. Medical men will be glad to have confidence in this important health resort restored. At this time of year, and in the earlier months, it is one of the few places near London where a real sea-breeze is obtainable. Margate continues to enjoy an unrivalled reputation in diseases of a scrofulous type. Its dry air is useful for rheumatism, and in summer for chest complaints.

STATISTICS OF THE FIVE MASSACHUSETTS HOSPITALS FOR THE INSANE (1891).

THE following statistics of the work of the Massachusetts Asylums for the Insane have been carefully compiled from the

official reports of the several hospitals. We have on a previous occasion referred to the success obtained at the Westborough Asylum where the patients are under homœopathic treatment. At the other four the "regular" treatment prevails.

This comparative table (from *The Hom. Recorder*) will, we hope, interest our readers:—

	Admitted.	Total No. Treated.	No. Discharged.	Discharged as						Re-admitted.	No. Discharged Recovered more than once during the yr.	Per cent. of recoveries to		Per cent. of deaths to		HABITUAL DRUNKARDS, AS FOLLOWS:
				Recovered.	Much Improved.	Improved.	Not Improved.	Not Insane.	Died.			No. Discharged.	Total No. Treated.	No. Discharged.	Total No. Treated.	
Worcester.	549	1884	509	129	48	85	165	1	51	25	1	25.3	9.6	15.9	6.0	Recovered 42. [All H. D.'s were discharged as recovered]
Taunton ...	254	928	253	52	39	45	63	1	53	4	1	20.5	5.5	20.9	5.6	Recovered— 0: Much Imp. 6: Imp. 1: Not Imp. 5.
Northampton ...	141	636	183	45	14	53	40	—	31	3	1	24.5	7.0	16.9	4.8	Recovered 1: Imp. 1: Not Imp. 1.
Danvers ...	366	1179	362	66	44	60	85	22	85	8	—	18.2	5.6	23.4	7.2	Recovered 0: Imp. 9: Not Insane, 18.
Westborough ...	397	905	412	142	77	54	60	2	57	3	—	34.4	15.6	13.8	6.2	Recovered, 16: Much Imp. 32: Imp. 10.

The moment of leaving the hospital is the uniform time in all the hospitals for estimating the mental condition of patients.

The last column refers only to habitual drunkards. They have been included in the totals of each hospital, but are there entered separately to assist any one in finding the number of the insane by subtracting the number of H. D.'s from the total: for example, Worcester; total recovered, 129—subtracting 42 habitual drunkards leaves 87 insane discharged recovered.

STRYCHNINE AS A PREVENTATIVE OF TETANUS.

THE Bulletin Medical, September 21, 1890, says that Peyraud, continuing the application of his theory *similia similibus*, not for the cure but for the prevention of infectious diseases, has just communicated to the Bordeaux Medical and Surgical

Society some experiments relative to the power of strychnine to prevent tetanus. According to Peyraud, as strychnine acts upon the nervous system in such a manner as to provoke a state altogether similiar to that produced by the virus of tetanus, it should put the nerve cells in such a condition that they can no longer react to infection by tetanus. This is his theory. His experiments were made with rabbits and dogs of various weights and ages. The protected animals, which did not receive any supplementary injection of strychnine after inoculation remained well except one, which had a slight contracture of the right hind leg. All the animals used for control experiments died of tetanus between the second and fourth days. Peyraud says he has obtained the same results in another series of cases, and he believes his results demonstrate that strychnine has power to prevent tetanus.—*New York Medical Times*.

OLD TINCTURES.

GREAT care should be taken in administering remedies in the form of tinctures which have stood for a long time in small vials in the family medicine closet. When the bottles happen to be loosely corked the alcohol readily evaporates, leaving the drug in the form of a concentrated tincture, the pharmacopœial dose of which might produce very serious, if not fatal, results.—*New York Medical Record*.

A NEW DEATH TEST.

Our contemporary, *The Globe*, relates a case in which the microphone was utilised, in Russia, to determine whether life was or was not extinct. A lady in St. Petersburg had suffered from hysteria and catalepsy, and one of these crises was followed by syncope. The medical attendant certified that death had taken place from paralysis of the heart. Another medical man—Dr. Loukhmanow—saw the body and hearing the history, applied the microphone to the cardiac region, and detected faint beating. Efforts were made to restore life, and complete recovery ensued.

HORLICK'S MALTED MILK.

SAMPLES of Horlick's Malted Milk having been sent us by the Malted Milk Company, we have submitted this preparation to a prolonged clinical test. Both in private and hospital practice we have used it for several months. The subjects have chiefly been badly-fed, ill-nourished children, who were

extremely difficult to "cater" for. In cases of gastrointestinal catarrh the food has been retained where we had failed with other foods. In recent cases an improved state of nutrition was speedily established. Even when a considerable degree of atrophy appeared to have taken place good results were sometimes obtained. In conditions of extreme marasmus which had lasted a long time, and where, probably, almost complete atrophy of the gastric and intestinal glands had taken place, it was obvious that *no* food could be assimilated. But these cases have been few, and we believe, without having figures to speak from, that we have had a smaller number of failures in the difficult work of feeding delicate hand-fed children than before we began to use malted milk.

The principle upon which malted milk is manufactured is thoroughly sound, chemically and physiologically. By the action of the malt the starch is all transformed into sugar. Moreover, the action of the diastase of the malt upon the milk-casein appears to be analagous to pepsin, for it renders it uncoagulable by dilute acids. We have not instituted any elaborate analysis of our own, but we applied the simple test of adding a dilute acid to a solution of malted milk, and found that at the end of twenty-four hours no coagulation had taken place.

The ingredients we understand are wheat, malt and milk; the barley is malted by a special process, by which a high percentage of diastase is obtained. The milk is all produced either by the Company's own cows, or by farmers who furnish the milk under strict regulations as to purity.

The next process in the manufacture, is the gelatinizing of the whole wheat in a special "converter," from which it is deposited in a mash tun where the crushed malt is added, and the complete conversion of all the starch into dextrine and grape sugar is effected in one hour; the clear liquor is then strained and filtered and mixed with the cows' milk, which latter has previously been sterilized, and the whole is evaporated to dryness, in vacuo, at low temperature.

The grinding, bottling, &c., are all accomplished by machinery in a small space of time, and every guarantee of cleanliness and purity is observed.

Careful analysis by competent authorities shows the resulting food to be a fairly good approximation to human milk, and the approximation is nearest in the most important element, viz., albuminoids. As we have stated already, not only is the quantity correct, but the physical condition resembles that of human milk-casein, in that no gross coagula are formed. The fatty matter is deficient (malted milk 8.40 per cent.—human milk 23.8 per cent.), and the saccharine

matter is in excess (malted milk 68·5 per cent.—human milk 48·7 per cent.). If it be true, as Liebig held, that sugar can take the place of fat in the food, then malted milk approaches very closely to the ideal type.

Horlick's milk is freely and entirely soluble in water, and has a sweet taste which children like, but which is a drawback when it is required for adults.

LIQUOR CARNIS PREPARATIONS.

We understand that the Liquor Carnis Company now supply to hospitals, &c., their raw fluid food in larger bottles than formerly—viz., in imperial pints. Their Malto-Carnis Cocoa, which is much liked when made with milk, is also to be had in bulk. We have used samples sent us of Liquor Carnis suppositories with advantage. They are entirely unirritating, are quickly dissolved, and are a real help in the sometimes troublesome task of rectal alimentation. We are able to recommend all the preparations of Liquor Carnis from our own experience with them.



OBITUARY.

JOHN BLYTH, M.D.

ANOTHER of the veterans of homœopathy has recently passed away in the person of Dr. John Blyth, who died on the 23rd of last January, at his residence, "The Slopes," Monkstown, Co. Dublin, aged 76.

JOHN BLYTH was born at Hawick, in Roxburghshire, and was very early apprenticed to a general practitioner in his native town, whose partner he subsequently became. He obtained the licence of the Edinburgh College of Surgeons, in 1838, and took the degree of M.D., St. Andrews, in 1838. He and his partner had an extensive practice in and around Hawick. Among their patients was a lady who suffered from some affection of the eyes which had

defied their skill, but was rapidly cured by Dr. Black, at that time practising homœopathy in Edinburgh. As a man of independent mind and an earnest practitioner and student of medicine, Dr. Blyth's attention was aroused by the circumstance, and he forthwith consulted and corresponded with his former teacher and friend, the late Professor Henderson. Acting on his advice he studied such works on homœopathy as were then accessible to an English student, and after treating some cases on the principles therein propounded, he became convinced of the general truth of Hahnemann's principles as a guide in the selection of medicines, holding the same views as Professor Henderson. In 1848, Dr. Goodshaw, of Dublin, having got into ill health, Dr. Blyth joined him as his assistant, and soon after bought his practice and house in Fitzwilliam Square.

The knowledge of pathology and the experience which he had acquired in Scotland, enabled him to inspire confidence in his patients, while his genial disposition procured for him many personal friends, especially among his numerous fellow countrymen resident in Dublin. His diagnostic skill and the strictly honourable principles by which he was guided secured him the respect and regard of his professional brethren—allopathic as well as homœopathic, as is testified by an obituary notice in the *Dublin Journal of Medical Science*, which is creditable to the editor and worthy of our deceased colleague. Of him, the editor of the leading journal of Irish medicine writes :

“A disciple of Hahnemann throughout his career, Dr. Blyth nevertheless was on the best of terms with his more orthodox professional brethren. This was due, in the first place, to his sound practical knowledge of medicine. He was in every sense a well-educated physician, and had a thorough acquaintance with anatomy and pathology. A liberal-minded man, also, he never obtruded his views upon others, while as occasion required he did not hesitate to use therapeutical means of the more ordinary type, if only he was assured that it was for the benefit of his patients that he should do so—he was, in a word, an eclectic in the best sense of the term.

“A thorough gentleman—well read, courteous, dignified, yet affable and kind, Dr. Blyth won for himself hosts of friends, both within and without his profession. A man of the utmost probity, he shed a lustre on every relation of life. And so it happens, that as husband, father, friend, he is equally mourned for and his loss deplored.”

He was a man of a retiring disposition, whose whole energies seemed to be concentrated on his professional work. In later years when he took a holiday he always tried “to get through it” as quickly as he could. Though firm in maintaining the

principles which he had adopted, he never obtruded them offensively on those with whom he associated.

Dr. Blyth's health had for some time been failing, and for a year he had virtually retired from practice, and resided at the picturesque villa near Kingstown, where he died.

CORRESPONDENCE.

CLINICAL AND THERAPEUTIC NOTES.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—As bearing upon my paper in the last number of the *M. H. R.*, a brother homœopathic practitioner, who is a careful prescriber of drugs according to the law of *similia*, but who, like myself, makes use of adjuvants, has called my attention to some omissions in my paper in which I feel that he is justified—viz., the usefulness of *graphites* and *viola tricolor* in eczema. These remedies, in addition to those I have already mentioned, I have often found curative, the former in 6x trit. and the latter in three drop doses of 2x dilution. He states, however, that he has not found *croton tiglium* so beneficial as I have done. As a local application to eczematous surfaces, besides those referred to by me, he has found *tinct. hydrastis concent.*, 3i to 3ij *ol. olivæ* useful. With regard to poultices, he mentions one made with slippery elm bark. This, I have often used with benefit to boils when there is much heat and irritation; and he adds that carrot poultices should not be made with boiled carrots, but with raw carrots scraped, when used for cleansing purposes; in this I also agree with him.

Having indulged in descriptions of adjuvant practice that will lay me open to grave censure by some of my *confrères* of the so-called Hahnemannian school, I purpose, with your permission, to furnish a paper or two shortly on *Verified Key-notes of Drugs*, based on observations made in the course of my practice. These, I have severely and rigidly tested, carefully excluding the influence of other circumstances in the treatment of cases of diseases so far as I have been able to do so. The "key-notes" or *special symptoms* to which I propose to draw attention, have in many instances not been deduced from or manifested in the pathogeneses of the said drugs, but have yet led to the selection of the remedy, and that successfully.

Yours truly,

A. C. CLIFTON.

Northampton, April 8th, 1892.

ANOTHER WORD ON "HIGH POTENCIES."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In my remarks upon "High Potencies" in your April number, I said I was not quite sure that the manufacturers had gone as far as the ten-millionth. But I had miscalculated the power of competition among rival tradesmen, and I am now aware that the ten-millionth has been long passed by one at least of the makers of these transcendental dilutions.

The March number of the *New England Medical Gazette* publishes a trade circular of Dr. Swan, from which I give the following extract:—

"I have decided to raise my prices. Hereafter the price of grafts of any potency will be \$1; but if more are ordered at the same time, the price will be 25 cents for each, except the first.

"The price of No. 1,548 vials in pellets will be \$2 for the first, and for all others in the same order \$1 each.

"For pellets in half-ounce vials, \$4 for the first and \$2 each for all others in the same order.

"For potentising disease products \$5, and the six potencies in dilution will be returned.

"Dilutions double rates.

"No order will be filled unless accompanied by the money.

"The potencies I have in stock are the 1M, 50M, CM, MM, CMM, DMM.

"Having selected the material and made the potencies myself I can vouch for their purity and reliability, and I have yet to hear anything but praise for their effective action.

"Respectfully,

"New York, Jan 12, 1892.

"SAM'L SWAN."

This circular, the style of which is familiar to us all in the advertisements of puffing tradesmen, but is not common among professional men, at least in this country, informs all whom it may concern that Dr. Swan has prepared, and is desirous to exchange for dollars, an indefinite number of medicines all diluted up or down to the "DMM," that is to say, the 500,000,000th (five hundred millionth) "potency." I don't know what degree of dilution his rivals in the trade profess to sell, but doubtless they will not consent to remain behind Dr. Swan, and may soon go beyond him. So probably, ere long, we shall find the market stocked with medicines professedly in the "MMM" or even in the "MMMM" (i.e. billionth) "potency." But, in the meantime, we must content ourselves with the "MM" preceded by a "big,

big D," and I will only make a few remarks upon this ultimate product of "high potency" skill. A few calculations will, I hope, convince anyone of the meritorious character and perfect "reliability" of Dr. Swan's work.

Supposing the vial used to make this preparation to be just capable of holding 100 minims, the quantity of water that would need to flow through it in order to make the "DMM potency," would be a few thousands more than 650,000 gallons.

Now as to the time required to make this admirable preparation. If the water supply in New York is constant, and not intermittent as in London, the flow may go on uninterruptedly day and night. If we assume the velocity of the flow of the water to be such as will enable it to fill and empty the vial 100 times in the course of a minute, which is a very liberal allowance, at that rate it would take upwards of nine years and a half, working without cessation through the whole 24 hours of each day, to reduce one medicine to the five hundred millionth "fluxion potency."

I do not know how many taps Dr. Swan has in connection with his machinery, but suppose he has ten all going at once, day and night, it would require at least 95 years to bring one hundred medicines to the "DMM," and yet I'll be bound to say that Dr. Swan's stock of medicines in the "six potencies" which he is willing and anxious to swop for hard dollars, is not limited to one hundred.

I know not if competing high potentisers have yet announced that they have brought their wares to the same degree of attenuation as Dr. Swan, who is perhaps at present a *rara avis in terris*, but no doubt they will soon follow his lead. In the meantime, it is a comfort to those who believe that diseases are best cured by medicines in the "DMM potency," to know where they can purchase them.

When we have all discarded the pharmaceutic directions of Hahnemann, with his pedantic insistence on purity, simplicity and exactness, for the new bottle-washing methods of the high potentisers, which make no claim to these attributes, and when we have superseded the selection of the remedy in accordance with the totality of the symptoms by the one-symptom—euphemistically termed "key-note"—plan, which is so much affected by the "high potency" sect, we may give up calling ourselves disciples of Hahnemann and hasten to become followers of Swan, even though we might run the risk of being taken for *geese* by prejudiced people.

Your obedient servant,

R. E. DUDGEON.

NOTICES TO CORRESPONDENTS.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Communications have been received from Dr. DUDGEON, Dr. BURFORD, Dr. S. MORRISON, Mr. KNOX-SHAW, Mr. HURNDALL, Mr. G. A. CROSS (London); Dr. CLIFTON (Northampton); Dr. HUGHES (Brighton); Dr. CAPPER (Liverpool); Dr. NICHOLSON (Clifton).

BOOKS RECEIVED.

The Homœopathic Therapeutics of Hæmorrhoids. By William Jefferson Guernsey, M.D. Second edition. Philadelphia: Boericke & Tafel. 1892.—*The Nursing Directory for 1892; also Statistical and General Information of the Training Schools for Nurses, the Nursing Services, etc., etc.* First annual issue. The "Record Press," Limited, 376, Strand, London, W.C.—*A Primer of Materia Medica for Practitioners of Homœopathy.* By Dr. Timothy Field Allen. Philadelphia: Boericke and Tafel. 1892.—*Transactions of the International Congress and of the American Institute of Homœopathy, 1891.* Philadelphia: Sherman and Co.—*Homœopathic League Tracts. No. 39. The New Pathies—A Dialogue between Dr. Allon, of the Old School, and Dr. Home, of the New.* London: J. Bale & Sons, Great Titchfield Street.—*The Homœopathic World.* London. April.—*The Chemist and Druggist.* London. April.—*The Monthly Magazine of Pharmacy.* London. April.—*The North American Journal of Homœopathy.* New York. March.—*The American Homœopathist.* New York. March.—*The New York Medical Times.* April.—*The New York Medical Record.* March and April.—*The Chironian.* New York. March.—*The Homœopathic Physician.* Philadelphia. April.—*The Hahnemannian Monthly.* Philadelphia. April.—*The Homœopathic Recorder.* Philadelphia. March.—*The Clinique.* Chicago. March.—*The New Remedies.* Chicago. March.—*The Medical Advance.* Chicago. March.—*The Medical Era.* Chicago. April.—*The Homœopathic Envoy.* Lancaster. April.—*The Southern Journal of Homœopathy.* New Orleans. March.—*The California Homœopath.* San Francisco. March.—*Revue Homœopathique Belge.* Brussels. January.—*Bull. Gén. de Thérapeutique.* April.—*Gazetta Medica di Torino.* March and April.—*Il Secolo Omiopatico.* Naples. January and February.—*Rivista Omiopatica.* Rome. February and March.—*Homœopathisch Maandblad.* April.—*Pop. Zeitschrift für Homœopathie.* Leipzig. April.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

THE THERAPEUTICS OF STRYCHNINE.*

By T. D. NICHOLSON, M.D.

THE use of *strychnine* dates from its discovery by Pelletier, in 1818, and it is safe to say that at the present day there is no other drug in the pharmacopœia so constantly prescribed as this, either pure or as *nux vomica* and *ignatia*. Yet strange to say the alkaloid is but rarely mentioned in homœopathic literature; and this fact has induced me to bring the subject before this Society, in order to elicit your experience and to give my own.

Hahnemann wisely considered *nux vomica* a polychrest—"the greater part of whose symptoms are analogous to the principal and most common diseases to which mankind is subject." The same is true of *strychnine*, but it has this advantage of being a simple substance, whereas *nux vomica* is very complex and contains *brucine*, *igasurine* and several other substances.

Strychnine is not very soluble in water, and this may account for cases where poisonous symptoms have suddenly appeared during its administration and said

* Read before the Western Counties Therapeutical Society, October 9th, 1891.

to be from accumulation, or it may be from impurities in the drug used. Its salts, however, are very soluble, and hence are generally used—as the *sulphate, hydrochlorate, arseniate, nitrate, and phosphate or hypophosphite*.

PHYSIOLOGICAL ACTION.

Dr. F. Black, in his very complete contribution to the *Materia Medica, Physiological and Applied*, describes the action of *nux vomica* in three divisions.

(1). Small doses produce restlessness, anxiety, and increased emotional sensibility.

(2). Larger doses cause the same symptoms more markedly with stiffness of muscles, irritation of bladder, erections, vertigo, tinnitus aurium and tetanic convulsions with dyspnoea and oppression of chest.

(3). Poisonous doses—20 grs. *nux. vom.* or 3 to 5 centigrammes *strychnine*—show no action on sensory nerves but violent tetanic (?) paroxysms with intervals of perfect sensibility, accompanied by great heat though sweating. Congestion of the intestinal mucous membrane also occurs. The spasms are followed by extreme feebleness and lassitude and some emotional excitement, but the intelligence is normal.

Dr. Brunton describes the action of *strychnine* as increasing the blood pressure through the vaso-motor centres, stimulating the heart through the motor ganglia and in addition stimulating the spine and the mental powers. He also makes an important observation that the spasms are clonic, not tonic as in tetanus.

The Provings.—These differ from those of *nux vomica* in the *Materia Medica Pura* by being made with larger doses and the symptoms being less voluminous. But they are mostly very distinct, indeed striking, and form an admirable group in *Allen's Encyclopædia* for prescribing according to the homœopathic rule.

Dr. E. M. Hale, as usual, describes the symptoms of *strychnine* as primary and secondary, from which he deduces his law of small and large doses, but I do not find practice support this theory, and I prefer Hahnemann's description of alternating actions. Hahnemann's says: "In *nux vomica*, as in some other medicines, we meet with symptoms which seem to be completely or partially antagonistic to one another, alternating actions, which at the same time are primary

actions, and which make *nux vomica* very applicable and efficacious for a number of morbid states."

I propose now to mention the principal symptoms of the schema and their therapeutical relations.

MIND.—*Delirium resembling mania a potu* (6 grs.), *low spirits and depression* (m xv Liq. S.), *nervousness and anxiety, restlessness.*

Several authors recommend *strychnine* in delirium tremens. Roth mentions drunkards who avert D.T. by full doses of *strychnine* (Dr. Black). Phillips praises it. I have myself seen good results. According to Jaroshevsky it is a powerful prophylactic and according to his experiments on dogs a direct antagonist to *alcohol*.

The provings further simulate both the nervous agitation of the insane, and fidgets of hysteria, and it has been found of service in both conditions. I gave it lately with marked success for the restlessness and anxiety after a severe attack of asthma, and have repeated this experience several times.

HEAD.—*Confusion, vertigo and nausea* (m xv), *violent pains especially occiput and frons, bursting headache morning and on stooping.*

When these symptoms are connected with the stomach, *nux vom.* is well indicated, but when spinal, I prefer *strychnine*, and may refer to one case. Miss S., suffering for a month from these symptoms with spinal weariness and sleeplessness. All disappeared in four days after a dose of $\frac{1}{80}$ gr. every night.

FACE.—*Flushing, lividity, becoming pale, ulcers of lips.*

The last symptom I have sometimes found an indication for this drug when accompanied by weakness and of long continuance, and speedy cure has followed.

THROAT.—*Spasm, constriction, dysphagia.*

Where these are hysterical they are best treated by either *strychnine* or *ignatia*.

STOMACH.—*Nausea, vomiting, intense pain in epigastrium.*

Anstie said there is no remedy like *strychnine* hypodermically (gr. $\frac{1}{20}$) for cardialgia. Phillips extols it in gastralgia and hepatalgia.

ABDOMEN.—*Flatulence, bruised sensation, griping pain, sharp pain rectum and anus.*

These may be classed with the stomach, except the rectal symptoms. When the pains are severe and neuralgic *strychnine* meets them better than *nux vom.* There is also a consensus of opinion that *strychnine* is of great service in prolapsus ani or recti, and I have two chronic cases now who are sensibly improving under this drug. In France hypodermic injection is preferred and is said to be effectual in 10 or 15 drops of a solution of 1 in 1,000.

URINE.—*Urging, frequent urination, involuntary after 15 gr.; quantity scanty or copious.*

Strychnine has been found of great service in paralysis of bladder (Laura), and for incontinence and retention in old people (Phillips).

RESPIRATION.—*Irregular, intermittent, difficult. R. rapid with great pain in precordia.*

In chest disease the use of *strychnine* greatly surpasses that of *nux vomica*. It is invaluable in the dyspnœa of chlorosis, and I could give many cases in illustration if there were time. Indeed advanced neglected cases are very difficult to cure without it. Some cases of catarrhal asthma are terminated by a few doses and most cases of long standing are benefited by its administration. Phillips recommends it in spasmodic asthma and dry catarrh, and Professor Laura, of Turin, in emphysema, catarrh, bronchiectasis, and the dyspnœa of bronchitis and phthisis. Last summer I was summoned to a case of chronic phthisis with severe dyspnœa, exhaustion, and great anxiety gradually increasing for several days. The friends and the patient all expected a fatal termination very shortly. The symptoms were typical of *strychnine*, and its steady administration for some weeks quite controlled them and the patient regained her usual condition of health.

HEART.—*Palpitation, rapid pulse, 115 to 150, nearly pulseless (after 20 grs.)*

In cardiac weakness with feeble pulse there is no remedy to equal *strychnine*, unless it be *digitaline*, and there are cases where the administration of the two drugs together is followed by the best results. I have

many proofs of this in my case book, and I never hesitate where there is general debility with heart failure to prescribe both.

NECK AND BACK.—*Aching in nape. Stiff back. Sore muscles of spine. Lumbar pains.*

In cases presenting these symptoms, where *nux vomica* is usually prescribed, I have found *strychnine* much more efficacious, being more speedy in its action and more lasting. Try it in chronic cases for some weeks together.

SLEEP.—*Restless and disturbed.*

In cases of exhaustion with disturbed sleep, a dose of *strychnine* is more effectual even than *morphine* and without any re-action, because on homœopathic lines. In one case of advanced cardiac disease with dropsy, I gave it hypodermically with great relief.

EXTREMITIES.—*Trembling, twitching, and stiffness of hands, violent jerking, rheumatic pains. Loss of power in legs after $\frac{3}{4}$ gr. Loss of use of legs after $3\frac{1}{4}$ grs. Cramp-like pains.*

The use of *strychnine* in paralysis has suffered from both over-praise and neglect. We may expect good results in all functional paralysis, whether of muscle or hollow viscera, in hysteria and in diphtheria (Dr Beale, gtt. iij 4 hor.) but in nerve lesions it is of doubtful utility.

FEVER.—*Heat is a frequent symptom of strychnine and the temperature is raised after large doses. It is preceded by chill and followed by sweating.*

I have found it very useful for rigor and for chill and heat alternating, in the latter case dissipating the symptoms rapidly. For this condition Hahnemann recommends *nux*. Burggraeve gives *strychnine* at the commencement of all fevers to increase the resistance of the vessels to the increased force of the heart, and prevent vaso-motor paralysis, and at times with wonderful efficacy.

The prevention of vaso-motor paralysis is probably the nature of its action in uterine hæmorrhage, where it is strongly advocated by Dr. Atthill to be used in conjunction with *ergot* in exhaustion of uterus, in subinvolution and tumours.

The convulsions and spasms of *strychnine* are imitated in disease as epilepsy and perhaps chorea. Dr. Tyrrell's narrative of cases furnishes abundant evidence of its power to control the former, and it seems to me homœopaths have sadly neglected it here, whilst Hammond and Hale mention it in the latter. Dr. Tyrrell's statement of its action—"by relieving the nervously congested state of the medulla oblongata, and thus lessening its hypersensitiveness," is merely another way of saying that it acts homœopathically, as the therapeutic action in this case is the exact opposite of the physiological in cases of poisoning.

Were *strychnine* useful in no other diseases than those already mentioned, it would, on account of its wide range and their common occurrence, be one of the most frequently prescribed in the pharmacopœia; but it has an action beyond these, and possessed by no other drug to the same extent. In other words, it is a general tonic to the nervous system. In cases of general debility, without any definite ailment or symptom to prescribe for, *strychnine* will often do what you require. It stimulates the flagging energies, it vitalises the failing circulation and relieves ennui, malaise and depression. It is safer than *alcohol* to prescribe, and more lasting in its effects.

In old age it is of great service. In a few cases I have prescribed it continually for months, and been convinced of its value in keeping up the vital powers and delaying the final collapse.

Dr. Burggraeve, speaking from his personal experience, having taken about $\frac{1}{8}$ grain every night for 15 years, sums up the result at 88 as the possession of firmness of muscle so that he can walk for three hours without feeling fatigue, and of general functional activity, especially of the urinary organs, unusual at his age.

In conclusion, I may say that the dose I find by experience the best varies from one to five drops of liquor and from one to three granules containing a half milligram each, and the 2x and 3x triturations. I have not found the higher dilutions serviceable the few times I have employed them.

Clifton.

“NIGHT AND THE DOCTOR.”*

BY JOHN D. HAYWARD, M.D. LOND.

AFTER alluding in passing to the hardships of doctors' night work—work often due to want of consideration on the part of his patients—the author said:

I must limit myself to our special interests as medical men in that time when—

“Night, sable goddess! from her ebon throne,
In rayless majesty, now stretches forth
Her leaden sceptre o'er a slumbering world.”

Physiologically, night is the time, in a condition of nature, for man's recuperation from the wear and tear of the day; at night repair makes up against waste the balance it has been steadily losing all day—

“When night bids sleep,
Sweet nurse of nature, o'er the senses creep.”

The vital energy being less at night, the body temperature is, in health, lower at night; secretion and excretion are less actively performed; the brain and nervous system are at rest in sleep, the muscular system in repose.

I will rapidly call to your memory some of the troubles prone to occur at night, or to be modified in severity at that time.

Delirium accompanying a febrile condition is generally worse at night, and will commonly be only present during the night. The amount of pyrexia in febrile diseases is (though there are exceptions) generally highest in the early part of the night. In the early “softening” of the brain of old people and of drunkards, the rambling, the restlessness and the excitement may occur only at night, some time before the daytime condition shows any serious falling off. In asylums the inmates are generally most unsound at night, and maniacal attacks are more frequent and more violent at that time.

It is at night that the mother hears the first sudden characteristic cough of croup that puts her child's existence in danger; and the night hours are those for that curious and often dangerous affection,—

* Abstract of a paper read before the Liverpool Hom. Med.-Chir. Soc.

laryngismus stridulus. Pertussis is usually worse at night; at night it first declares its special character, and, after it has disappeared by day, the whoop may recur for some time during the night. The child with chest trouble, whether from catarrh or measles, becomes cyanotic and delirious at night; at night the active, irritable, growing brain is tormented by "night terrors." In acute gout the onset, in the great majority of cases, takes place at night, especially between two and five o'clock in the morning; and many forms of rheumatism and of rheumatoid arthritis first occur, and are always worse, at night. In the early morning the weakening perspiration of consumption takes place; at night the bone pains and other symptoms of syphilis occur, or become worse. At night the attacks of spasmodic asthma are specially liable to occur; at night the neglected or despised catarrh or chill develops its pulmonary sequela. In hectic fever, from any cause, there is an evening rise of temperature, increasing to midnight and succeeded by profuse sweats. At night the enlarging prostate often causes its first troubles of micturition; and spasmodic stricture may occur, and recur, chiefly at this period. At night the demon neuralgia is peculiarly active. At night women get those mysterious spasms, which alarm their friends and the young inexperienced medico, and which Mrs. Gamp and her friend, Mrs. Harris, found to be ameliorated by a little gin "on the chimbley-piece."

Nocturnal spasms and cramps also occur in elderly people with a gouty tendency, and may be very alarming. Painful cramps of the lower extremities occur at night in the young, especially of the female sex, and are also often very distressing and intractable.

All these and other instances will occur to you, where the conditions of our patients and of their lesions differ at night from those of the day, and you will notice that this difference is almost universally for the worse. With regard to some of them we can account for this modification; for instance, warmth in bed will often make pruritus worse at night, whatever the itching be due to. Again, the night cough of children is often due to the irritation of a long uvula or enlarged tonsils, tickling the throat or glottis; or night cough may be induced by the irritation of the cold air of the bedroom after the warm

sitting rooms. Other exacerbations at night may be attributed to the physical and mental exhaustion of the day; but, after all these explanations have been considered, there remain a large number of instances of which we can only say that this nocturnal modification is symptomatic and pathognomonic; or which we can only refer to the fact that night is physiologically the time when man's power of resistance, both physical and mental, is weakest.

After recovery from many, especially from chronic diseases, relapses and threatenings may take place for some time at night, as the period of least resistance to the old morbid tendency. Chorea may so return, after it is quite absent in the daytime:—this insanity of the muscles, like that of the mind, may be entirely under control by day.

Nocturnal emissions and nocturnal incontinence of urine may be referred to as related to our subject.

In the night some disease germs are particularly dangerous; many of the miasmata of foreign and fenny climes are prone to inflict their agues, fevers, and blood-poisonings on those exposed to the night-air, and lose their virulence with the morning sun. Whether it be that the reputed danger of the night air in these localities is entirely due to the extra potency of the miasmata at night, or whether it may not be partly due to the lowered resisting power of the system at such time rendering man then especially vulnerable, I cannot say; probably both causes operate; together with the cold misty atmosphere so common at night in such climates, by which depressing and catarrhal conditions may be induced, and so prepare the way for the reception of poisonous germs to which exposure may occur.

There is a form of backache, which occurs especially in young women, and which is worse at night, or only present at that time; it may be present for years, and is very refractory to treatment. I have often been quite unable to trace a cause for this nocturnal backache in the health or habits of the sufferer. It does not depend on the bed being exposed to draught, to the use of too high or too low pillows, or to excessive or deficient night clothing. Sometimes relief may be obtained temporarily

by the use of a small pillow under the arch of the back during sleep. The majority of the cases seem to be rather spinal than muscular, and probably vary in their origin, some being related to rheumatism, and some connected with uterine, ovarian, renal or hepatic trouble.

Nocturnal snoring is a subject which, in my opinion, deserves more serious study and attention from the profession than it has yet received. In children it commonly depends on enlarged tonsils or lymphatic glands, or on a relaxed adenoid condition of the mucous membrane of the naso-pharynx. In the adult the pathology is not so obvious. A pessimistic philosopher said he could put up with the serious troubles of existence, but it was the trifles that, according to him, made life not worth living, and certainly a snoring spouse or neighbour is distressing. The pathology and therapeutics of this widespread affliction are very unsatisfactory; that a cure is desired may be imagined from the large sales and expensive advertisements of the panaceas, which profess—impudently and falsely, I understand—to completely cure the habit. There is a fortune for any of you, and fame for homœopathy, if you can produce a specific.

That midwifery cases occur with special frequency at night is a matter of general notoriety. . . . You must all have noticed that in a tedious accouchement the strong pains will frequently give off towards morning, to return with increased violence the next night.

Personally, the history of a severe cold, with me, is a series of suffering nights alternating with comparatively comfortable days. The first evening I have chills, and fear I am in for it; next day I am all right, and pleased to find it a false alarm. When evening returns, however, I am feverish, with a dry sore throat and a stuffed nose. In the morning, beyond a little nasal catarrh, nothing remains; but by night again I am quite hoarse, with a dry sore cough, a raw trachea, and pains about the chest. And so, for a longer or shorter period, each night I imagine myself in a bad way, and that I will not be fit for duty on the morrow, if I ever am again; each day I fancy I am all right, and that my cold is gone, while I laugh at the idea of the pneumonia and phthisis I had

clearly diagnosed the preceding night, and think I may still live to be Queen of the May. For weeks I may be quite hoarse at night, and spend much of the time coughing and painting cocaine up my nose; while my condition by day presents nothing but a little coryza. I mention this state of affairs at length as I believe it to be a common experience.

Man's mental and moral conditions at night are much modified, even in health, from those which prevail by day. Self-control is weakened and man is less master of himself. This is the time for hallucinations, for ghosts, for exaggerated emotions and sensations, and for superstitions. The brave and strong minded man in the daylight becomes timid and anxious, he cannot tell why, in the night hours, and no effort of will can quite banish the condition. The senses and the reasoning powers are less discriminating; fear, remorse, grief, pain, &c., are more intense. A night attack may cause panic amongst the bravest and most seasoned of soldiers. One may doubt at night his most settled convictions of the daytime.

“Few are the faults we flatter when alone;
By night an atheist half believes a God.”

At night the power which may suffice through the day for the control of vicious promptings gives way; then the dipsomaniac, the morphinomaniac, the incontinent man, the masturbator, the gambler and others indulge their cravings; then the worried business man, the pauper, the ruined speculator, the sufferer from pain, the drunkard or the criminal takes refuge in the suicide he scouted from his mind by day.

By night do the hysteric and the hypochondriac suffer and inflict increased misery. But even without such predispositions, pains, aches and other symptoms make more impression at night, and this is one cause of the doctor's night work. Symptoms no worse than through the day have more mental effect and lead the individual, who refused to have the doctor summoned by day, to consider himself worse and to require medical attendance at night; and the relatives themselves, more prone to anxiety at night, “do not like to go through the night,” so they say, “without having him seen.”

With daylight the mind recovers its tone, and, to

modify Longfellow's lines in accordance with psychology, we may say—

"And the fears that infest the night
Shall pass with the opening day;
Shall fold their tents like the Arabs,
And as silently steal away."

It would seem as if at night man stepped backwards in his development, and became as a little child again; or rather, perhaps, as if he shelled off some centuries of evolution, and returned to the mental and moral condition of the savage.

Night being the natural time for sleep, the disorders of this function are, of course, included in our subject, and many of us find it impossible to practise without the occasional use of hypnotics and sedatives. Personally, I am firmly convinced of the benefit following the careful employment of such means, and, did time allow, I would instance good results so produced.

Sometimes the want of sleep becomes the most important part of a disease under observation, and the habit once broken, by the means referred to, recovery follows; in some painful affections their judicious use is of great benefit, and in many mental troubles by such means (and perhaps in the future by hypnotism), we may be able to do some of our most valuable work as doctors; by summoning the "sleep that sometimes shuts up sorrow's eye." I commend the restricted and careful use of these hypnotic and sedative drugs, because I think it is a pity to allow our aversion to their indiscriminate use to drive us to the equally indiscriminate neglect of such aids in disease.

I deprecate, as much as anyone, the reckless employment of these palliatives in all cases entailing loss of sleep, or pain, or discomfort. It is a portion of the doctor's night-work we must all condemn—the wholesale resort to the large army of narcotics, hypnotics and sedatives employed by the profession and so extensively advertised in medical and lay papers. The hypodermic syringe, morphia, chlorodyne, opium, henbane, sulphonal, bromide of potassium, chloral hydrate, paraldehyde, chloralamide, and other poly-syllabic compounds, make up the bulk of the therapeutic means employed by the old school practitioner. The enormous routine abuse of such drugs prevalent in the world, and

for which the medical profession is largely responsible, is nowadays recognised by many of the more enlightened members of the profession. Of how many a sufferer has the digestion been ruined, the nervous system damaged, and the wavering balance inclined to decay by such treatment when not carefully employed; not to dwell on the drug habits often acquired, by which the physical and moral nature are ruined! In renal, cardiac, and pulmonary diseases, and in other particular conditions and idiosyncrasies, narcotics may be specially dangerous. It is not only in those cases where an obvious overdose has been employed that conscience may ask of the doctor, in Shakespeare's words:—

“And hast thou killed him sleeping?”

Sometimes a doctor's night duties include a call to one of those distressing cases, where someone has gone to bed to sleep, and has passed into the “sleep which cometh after death.” More than one case has come under my own observation where, in the night watches, men apparently in good health have crossed the line between sleep and “sleep's twin brother, death,” without warning to the individual or to his friends and relations, and without disturbance to the partner of the bed. These occurrences are so common as to have probably taken place in the experience of most of you; sometimes there seems to be a family tendency thereto. Probably heart-failure is the general cause; but there is often a mystery about the event which leads us to think we have not known all there was to know when we sign the certificate “syncope.” I have thought, in two instances, to have traced the event to a “tobacco heart.”

Not only are so many disorders and symptoms commonly worse, or better, or only present at night, but individuals have similar peculiarities with regard to their ailments, and may have a special tendency to suffer more or less in the night hours.

Now, to the ordinary old school practitioner, of what therapeutic value are all the observations we have been considering? Of what import is it to him that a symptom only occurs at night, or is worse or better at night, or at some particular part of the night? What can he do beyond order that his palliative or narcotic shall be taken at bedtime? Nothing at all!

As with so many other pathological phenomena, those of the night offer therapeutic indications to those only who have therapeutic eyes to see.

To the homœopathist no observation of the time or condition of a symptom is thrown away; it has a therapeutic as well as a merely scientific and historical interest. He knows that various drugs, when proved on the healthy, induce phenomena which appear only at night or are modified at that time; and he finds his therapeutic rule — *similia similibus curentur* — as valuable here as in other circumstances. He observes the relation between such aggravations and some of the specifics of the old school; for instance, that the pains and other symptoms of *mercury*, *iodide of potassium* and *nitric acid* are all worse at night, as are those of the syphilis to which they are specific; that the same may be said of *colchicum*, and of an acute nocturnal attack of gout; of *arsenic* and of an asthma or neuralgia worse after midnight, especially if periodic in return.

I will not presume, to this audience, to go over the disorders we have been considering, and show how homœopaths make use of the nocturnal modification, for indicating the drug required to produce cure or relief. Such a comparison would require at least one of our evenings for its consideration, and I venture to suggest it to members more learned than I in the *materia medica*. I will, however, make the observation that, just as we have seen that any nocturnal change in a disorder is more commonly for the worse than for the better, so shall we find a long list of drugs, of which it has been considered noteworthy to record that they present aggravation at night and only a comparatively short list of drugs presenting amelioration at that period. Of this latter class also it would seem as if "rest in bed" were considered the main cause of the amelioration, in the majority of drugs so classified.

"Worse at night" is of course only one condition in the selection of the drug, but it is a very important one. Among the long list of drugs whose pathogenesis includes this aggravation probably the most important are:—
acon., *arn.*, *arsen.*, *bell.*, *cham.*, *chin.*, *colch.*, *conium*,
crotal., *coff.*, *dros.*, *dulc.*, *fer.*, *graph.*, *hep.*, *hyos.*, *iod.*,
ipec., *kal. iod.*, *kal. carb.*, *lach.*, *mag. carb.*, *mang.*, *merc.*,

nit. acid, nux., phos., plumb., puls., rhus, rumex, sep., silic., sulph., tell. and zinc.

Under “better at night in bed” we shall find:—*ant. tart., bry., caust., colocy., nux., squills, stan. and stram.*

The anxious watch beside a sufferer's bed through the weary night watches is, of course, often a doctor's lot, just as it occurs sometime to most who have relatives or friends; but further than this, it may happen to the medical man to perform the same office for others, to rejoice with those who rejoice over the sufferer's improvement, to mourn with those who witness the losing battle with the king of terrors; often feeling acutely how little, in most cases, he can do to fulfil the expectations of his fellow watchers or to influence the eventual result.

I must just refer to the fact that the night hours are specially encroached upon by the doctor for work and study, in addition to those occupied by direct attendance upon patients. From his student-days, with their examinations, onwards he must often burn the midnight oil. Night is the only time when the busy practitioner can post up his books, study his cases and read medical literature, if he is to keep abreast with medical science, and be fit to do justice to his patients. And so the true physician, besides succouring suffering humanity day and night, corrects his experiences, enlarges his horizon, considers his clients' disorders, and adds to his knowledge night by night, until at last “the night comes on that knows no morn.” Than the conscientious hard-working doctor, the night-side of whose life we have been considering, no one more requires or deserves to have some undisturbed vacation each year, and some period of retirement towards the close of life, whereby he may partly enter into his rest, before the long night comes on, “when no man shall work.”

THE INFLUENZA EPIDEMICS IN NEW ZEALAND.

By WM. LAMB, M.B., C.M.

I HAVE thought, after reading the account of the discussion on influenza in the February numbers of the *Homœopathic Review* and *Homœopathic World*, that it might not be out of place to contribute some notes from my own practice out here at the Antipodes.

Our first epidemic took place in March and April, 1890, and spread with such rapidity that I felt it my duty to resign two of my four lodges, as it appeared to me dishonest to continue work I could not overtake. I might say that on changing from allopathy to homœopathy I sent in my resignation to these four lodges (two Foresters, one Oddfellows, one Druids), and to my great surprise the whole of them re-elected me, knowing that I was going to treat homœopathically.

This first epidemic seemed to be characterised by sthenic action, i.e., very sudden onset, very intense febrile movement, and as speedy decline. Of course, there were all the usual gradations. A noteworthy feature was the prevailing absence of coryzal symptoms. Although one railway *employé* took it according to the most approved classical type, sneezing, running at eyes and nose, frontal headache, &c., ending in a right pleuro-pneumonia, in which *bryon. φ* acted so beautifully in subduing the pain, that he was quite eloquent in its praise.

There was a certain percentage of basal pneumonias.

I myself have had influenza each time, and each time it has affected me differently. In this first epidemic I took *camphor φ* (Rubini), according to Hahnemann's advice, and whether it was the *camphor* or not, my attack was very transient. I had gone out to visit a patient, and began to feel very sick (I did not vomit), with waves of prostration coming over me at intervals. On reaching home I started with *camphor*, taking a pilule every 10 minutes for a time, and by the evening my symptoms were gone. But on the fourth day they returned, and I resumed the *camphor*, and they disappeared again by the evening and did not recur.

I noticed a rash-like measles in some cases, as Dr. J. G. Blackley observed, and a pemphigoid rash in others. One mother said of her child, "you could almost see the blister rise under your eyes."

There were cases of cystitis and otitis media.

Sickness was a very marked concomitant of this epidemic, for which I found *apomorphia 3* quite specific when *ipéc. 1x* failed.

Vomiting and diarrhœa would occur in a certain proportion of cases. The relapsing, or remittent character of the disease was manifest.

Our second epidemic was in full force during the latter half of October and the first half of November, 1891. This was undoubtedly the most severe epidemic of the three, corresponding to our late winter or early spring, because our seasons overlap very much, and vary from year to year.

I consider that the onset was not, as a rule, so startlingly sudden, and might be characterised as "asthenic" in contrast to the first epidemic.

A marked feature was the number of sudden deaths, evidently from heart failure. Several inquests had to be held in consequence.

Convalescence extremely tardy.

In my own case, *camphor* had not the slightest effect, nor did *arsenicum* come off any better. I was forced to retire to bed with the most terrific headache, and told my wife to give me *acon.* 1x and *bryon.* 1x alternately every hour. I shall never forget the three days that followed. I seemed to be in a stupor.

I knew what was going on around me, but it seemed as if my brain was "in the clouds," and I could not think. Every sound, every touch of my bed was felt and resented most keenly. What would I not have given for the attendance during those three days of a brother homœopathic practitioner !

I believe that I would have saved myself much pain in the head if I had substituted *bellad.* for *bryon.* But *acon.* and *bry.* had been so successful previously that I began with it, and when they did not relieve I was too bad to think for myself. One most disagreeable symptom I experienced was a sort of pulsation at the fundus of the eye, it appeared like the flame of a small candle bobbing up and down, whether I closed my eye or opened it. It gave me great annoyance. My whole body was in a state of intense hyperæsthesia, so that I could not bear to be touched for tenderness and pain. My body pains both in this and previous epidemic were of a *shooting* character, much worse this time. On rising, I found my limbs to be in a paretic condition. On trying to go downstairs I had to hold on to the banister on one side, and the ledge on the wall on the other, and swing my leg down each step from the thigh as I could not bend my leg at the knee. I was for weeks afflicted with most distressing

melancholia, and I can quite understand people desiring to end their natural life from the intense misery of that condition. My mind was in a most unsatisfactory state; I could not remember anything for long, and in reading any medical work or even newspaper, I had to read the same sentence several times and then not take it in. Here I must contribute my personal testimony to the magnificent curative effects of *tint. arena sativæ* for my mental weakness, for which I am indebted to the *North American Journal of Homœopathy*, p. 736, Nov. 1891. Since I took it, my mind has regained its tone; indeed, it has become more active than I ever knew it to be.

The relapsing character of the epidemic manifested itself again in me. It was the relapse which affected me so severely as above narrated. But this time it was exactly 14 days from the initial seizure, whereas in the first epidemic it was only four days. All the members of my household (wife, five children, and servant), except my eldest daughter 14 years old, took the influenza this time. One peculiar pathological phenomenon I noticed in my fifth child, a girl seven years old, was that at the height of her attack she passed urine as green as grass. (Was this the biliverdin of the bile?) Also in her case, when *bryon.* and *acon.* were doing her headache no good, she told me that "she was going round and round," which indicated *gels.*, which she got, and was better after the first dose.

I had several cases of epistaxis, for which I found *acon.* and *millefol.* good.

Also sore throats were common, for which *bellad.* 1x., and *merc. sol.* 6 *altr.*, with *phytol.* gargle (3jϕ to 3viij) were sufficient.

Several cases of renal hyperæmia and cystitis. One servant whom I attended for hæmaturia was quite astonished to find her urine clear in a few hours with several doses of *terebinth* 8. Her mistress and child took the influenza as ulcerated sore throat.

One case of endometritis and cystitis was followed by a most provoking, incessant, dry cough night and day, which *bryon.* 8 promptly cured. By contrast, a neighbour, who had a precisely similar cough, told my patient that her doctor (allopath) said nothing could be

done for it, and she must just "grin and bear" it for about six weeks!

A marked feature in this epidemic was lymphadenitis submaxillary, cervical and inguinal glands. Also several cases of œdema in face and feet. One man, a painter, found he could not stand on the rungs of his ladder, owing to the sole of his foot being swollen, obliterating the hollow between toes and heel. Many complained much of post-influenzal depression. In several infants there were convulsions.

Constipation was common.

Our third epidemic started about the beginning of this month (March, 1892), and I must confess I was dreading a repetition of my head attack. But I am thankful to say that I have been let off this time with absolutely no headache. The mode of onset was peculiar, for about a week I had undefined *dull* pains (not shoots as in the two former attacks), and then at the end of the week I started with the sneezing and coryzal symptoms. I only stayed in bed from the Saturday night to Monday afternoon. I did not feel very bright on rising, but there was none of the prostration of the former attack. I was at my professional duties on Tuesday, whereas in the second epidemic I was laid by for two weeks. Also my appetite never flagged this time, while in the second attack I loathed food.

This time the liver has been the organ chiefly singled out. I have never treated so many people for congestion of the liver within so small a space of time as during the past three weeks.

My theory is that the season of the year has modified and rendered very mild this third epidemic, and also has selected the liver for special attack. This is the end of our summer or early autumn. As regards heat, I learn from my father-in-law, who is near Brisbane (Queensland), that influenza has been a mere trifle there. While at Rockhampton (Queensland) my sister-in-law says she never heard of a single case.

The peculiar relation of pulse and temperature is worthy of note. Sometimes while the pulse would be a soft, quick 120, the temperature would be hardly above the normal. At others, as in my own case, the pulse about 80, the temperature 102° F. Very seldom was the temperature above 102° F., generally much below it,

We have observed a continuous line of sporadic cases extending from one epidemic to the next.

As to homœopathy in influenza, I am sorry I cannot give exact statements, but this I can say that of the three epidemics, I have lost only two cases, perhaps I might say three, so that I need not be accused of keeping back anything. The first death was that of an infant, three months. It had taken ill on the Saturday mid-day, kept getting worse until Sunday evening, when I was called in at 9 p.m. to find it comatose. The baby died during the night. The second death was that of a young woman, who had been ill with cerebro-spinal meningitis for about 10 days before I was called in. The third death is not strictly mine, because I had to leave off attending owing to my own illness, and the patient passed into allopathic hands. But as this man was suffering from chronic phthisis, and he finally succumbed to a meningitic attack, I am prepared to admit he would have died in my hands. However, my death-certificate book only gives two cases from influenza, and these two I submit were not fair cases. I may state that during the first epidemic I gave as many as 700 prescriptions in one month, so that I have had extensive opportunities. All my bronchitis cases, pneumonias, and pleuro-pneumonias, and broncho-pneumonias recovered, and I had some very bad ones. One baby, five weeks old, with broncho-pneumonia, was cyanosed with panting respiration, when I was called in, but it recovered splendidly, to the joy of the parents. *Trit. ant. tart.* 1, *tinct. ars. alb.* 3x, and *sang. can.* 1, with *ars. iod.* 3x to finish up were used, with wet compresses to chest.

There has been quite a crop of acute pemphigus.

In justice to my allopathic brethren here, I must state that the mortality in New Zealand has been very small. We are strangers to the fearful mortality that, we have noticed in the cablegrams, has been in both America and England. However, I won my spurs over a case of pneumonia in a child, when my allopathic *confrère* lost this boy's little cousin from the same disease, which made a great impression on the family.

As to drugs.

Acon. 1x and *bry.* 1x alternately were my mainstay, for the febrile condition and pain, and in the majority acted well.

Bellad. 1x in some head and throat cases, with *merc. sol.* 6.

Gels. in a few were indicated by *giddiness, diplopia and ptosis.*

Eupat. perf. ϕ disappointed me.

Lept. 1x was very useful where stools were *black* (vide Dr. J. G. Blackley, *M.H.R.*, p. 109.

Euphr. 1x singularly successful where profuse lachrymation. One mother said the effect on her baby after the first dose was magical.

Trit. nat. mur. 3 very trustworthy for sneezing and nasal catarrh.

Iodide of ars. 3x I found good for after-effects of chest affections, where sputa were yellow.

Hepar 3 and *china* 1x for purulent expectoration.

Bapt. ϕ succeeded in a woman who had excruciating pains all through her head, where *acon. bry.*, &c., failed. I found that the head pains were by no means confined to frontal and temporal regions, but also in vertical, parietal and occipital.

Ars. 1 trit. 3x, 3 and *chinin. sulph.* 1 were my chief remedies for prostration and anorexia of convalescence.

Dunedin, N.Z.

March 30, 1892.

OVARIOTOMY AND HYSTERECTOMY FOR AN ENORMOUS ABDOMINAL TUMOUR—RECOVERY.

By EDGAR A. HALL, M.B., AND GEORGE BURFORD, M.B.

I.—*Clinical History.* By DR. HALL.

Miss E. S.—, æt. 35.

I was requested to see this patient early on Monday morning, April 4th, 1892. Upon visiting her, I found the following condition of affairs:—Urgent vomiting, almost incessant, great restlessness, and an anxious facial expression. She complained of great pain over the abdomen, and upon external examination I saw at once that the abdomen was greatly distended. Upon palpation, I found the distension was caused by an abdominal tumour, and there was great tenderness nearly all over the abdomen.

I ascertained upon enquiry that the patient had been suffering from an abdominal tumour for about five years, and that it had first made its appearance in the right iliac region, so that I judged it might be ovarian. The growth appeared to be nearly solid; there was some ascites.

The patient's pulse was very rapid (130), and she appeared so very ill, that I suggested Dr. Burford should see her in consultation with me, and give his opinion as to the desirability of an operation.

In the afternoon Dr. Molson, of Wimbledon (under whose care the patient had been while residing near Wimbledon) came over and met Dr. Burford and myself.

Dr. Burford very carefully examined the patient, and gave his opinion that the patient was suffering from peritonitis, due to irritation set up by an ovarian tumour; that she was in a very grave condition, but that he saw no reason why she should not be operated upon, provided the symptoms she was then suffering from yielded to treatment, she not being in a condition to be operated upon then and there. We decided to give *bryonia* and *arsenic* alternately every hour, to have the abdomen smeared over with *glycerine* and *extract of belladonna* in equal parts, hot fomentations frequently applied over all, and to see how she was next morning. If the general symptoms improved—the pulse came down to 120 or below, the vomiting had much lessened, and the pain was relieved—it was decided to operate. Upon visiting the patient early on Tuesday morning I found the remedies used had had the desired effect, so I telegraphed to Dr. Burford, who answered, and fixed the operation for four o'clock that afternoon. Dr. Burford will himself describe the operation. I have only to say that it most certainly saved the life of the patient, for she is now, just six weeks after it, able to be up and about, and looks marvellously well.

II.—*Laparotomy*. By DR. BURFORD.

On examination the abdomen was found to be considerably distended by a large tumour, uterine in origin, and fibroid in nature. Concomitant with this were evidences of recent peritonitis; and in view of the serious state of matters, it was decided to perform abdominal section without delay.

Within 24 hours all necessary preparations were completed and the operation commenced. A median incision was made, the absence of obvious adhesions determined, and the incision extended to considerably above the level of the umbilicus. Here a most extraordinary spectacle was exposed to view. Hundreds of blood vessels, the size of crow-quills, and looking like huge bunches of worms, were found attached to the upper segment of the tumour. Close examination proved these to be enormously hypertrophied omental vessels, the omental tissue having disappeared. The major part of the bulky mass evidently derived its nutriment from these vessels.

For an hour and a-half we were continuously occupied in doubly ligating these blood channels, and separating them from the fibroid. They were mostly tied in bunches, so many as it was safe to include in any one ligature being tied together. Over the front, over the sides, in the furrows, on the summit of the tumour we systematically proceeded, until at length the whole quantity had been detached, and the tumour-mass was free. The fibroid was now elevated from its bed, and partially brought outside the abdomen. Still its bulk was enormous. On close examination an ovarian cyst was noticed embedded in the right side; the fluid was removed by an incision, and the somewhat reduced tumour entirely delivered, and its base encircled with the elastic ligature. The greater part of the mass was now cut away, the stump trimmed, and the abdomen washed out with hot water. The stump was treated by the extra peritoneal method, a Keith's drainage tube inserted into the abdominal cavity, and the long incision closed by silkworm gut sutures. The operation had lasted two hours and a-half, and the tumour weighed 10 pounds.

Considering the extreme gravity and protraction of the operation, surprisingly little shock was evidenced by the patient. She soon rallied, and spent the first night tolerably easily. For two or three days and nights ensuing there was much restlessness and some pain. But the pulse remained good throughout, and though the urine was decidedly albuminous, no symptom troubled us except a frequent diarrhoea. In the course of a few days on a strictly milk diet this complication subsided, and the convalescence thereafter was uniform and speedy.

The therapeutical treatment consisted in the adminis-

tration of *arnica* for the first 24 hours, and *bell.* and *merc. corr.* for the next few days. *Arsenicum* was given when these remedies were stopped, and continued for some time. One or two other intercurrent remedies were prescribed as symptoms demanded, and the restlessness was met by the hypodermic injection of *morphia*, which was followed by immediately beneficial results.

Remarks.—Four years previously this lady had been seen by one of the most eminent specialists in town, and her case abandoned as unsuitable for operation. Although I had to make due allowance for this opinion, yet on examination I could find no contra-indication to operation sufficiently weighty to forbid such procedure; and the result proved the correctness of my view. Most of the difficulties we had to contend with were due to postponement; and had operation been done at an earlier period, much of the difficulty and some of the gravity of the surgical work would have been wanting.

The convalescence was closely supervised by Dr. Hall, who mainly conducted the therapeutic after treatment, which contributed to such splendid results. I am much indebted to him for the unflagging personal attention he devoted to the recovery. My acknowledgments are also due to Mr. Knox-Shaw, whose assistance during the operation was valuable and freely rendered.

ON A RARE COMPLICATION OF PNEUMONIA.

By JOHN W. ELLIS, M.B. (Vic.), &c.

On January 22nd of the present year I was asked to visit, at his lodgings in Liverpool, S. S., aged 25, mate of a sailing vessel, who had been feeling unwell for four or five days. He had for several weeks been exposed to cold and wet weather, and on the 20th January, after being out in the wet, came home feeling very ill, had a rigor, followed by a dry, hacking cough, which prevented him from sleeping. His family history could scarcely be considered satisfactory, one brother having recently died from pleurisy, while he, himself, had been looked upon as a delicate child.

Fibroid of Uterus and Cyst of Ovary (fused)
 17 // 15 1896



When I first saw him, at 3 p.m., I found him lying on his back in bed, with inability to lie on the right side, in which was a feeling of weight, but no pain or stitch. He was troubled with an incessant short and hacking cough, without expectoration, although he said he had spat something like blood. His temperature was 102°, pulse 102, full and hard, respirations 36. Examination revealed dulness on percussion, tubular breathing, and bronchophony over the lower two-thirds of the right lung. By my advice he was removed to a private ward in the adjacent Hahnemann Hospital, where he was ordered to have the chest enveloped in a jacket of cotton-wool, to have milk diet, and *phosphorus* 3x, two drops every two hours. At 9 p.m.: T. 104.4°, P. 134, R. 38.

January 23rd. Passed a fair night. T. (at noon) 103.8°, P. 118, R. 54. The cough was still troublesome, with some "red currant jelly" expectoration. In addition to the tubular breathing over the lower two-thirds of the right lung there was a suspicion of returning crepitation at the extreme base. The respiration of the left lung was puerile. Much thirst; dry tongue; urine loaded with urates. Continue *phosphorus*.

January 24th. Passed a restless night, the temperature, which was taken every four hours, averaging about 103.8°, falling to 102.2 at 5 a.m. To-day (noon) T. 103.4°. P. 112. R. 44. The dulness has extended higher towards apex of right lung, but the crepitation is more distinct at the base. The cough is a little easier, and the expectoration continues. *Acon.* 1, *phos.* 3x, alt. 2 hours. At 9 p.m., T. 103.6°.

January 25th. T. at 5 a.m., 101.8°; at noon, 103.6°; P. 108, R. 44. Cough easier, with less difficult expectoration. Taken two quarts of milk in twenty-four hours. Continue *acon.* and *phos.* T. at midnight rose to 104.6°.

January 26th. Passed a very restless night. T. (noon) 102.6°. P. 104. R. 48. The auscultatory signs remain the same, except that the crepitation at the base is less distinct. The pulse, which has hitherto been full and regular, has become soft and dichrotic, and very difficult to count. To have three ounces of brandy in twenty-four hours, and *phos.* 3x alone every two hours. T. at 5 p.m. 103.4°, gradually falling from thence to midnight.

January 27th. Had a good night, temperature at 9 a.m. being 101.4° , but it has now (noon) risen to 103° . P. 120, less compressible. R. 54, shallow, but no dyspnoea. Cough much better, with less expectoration, which has become more tawny. Had two loose pea-soup-like stools in the night. Crepitation has returned at the base. Continue brandy and *phos*.

January 28th. T. has continued at about 103° . P. 108, stronger. R. 48. Very little cough. Air can be distinctly heard entering the alveoli of the lower lobe, with distinct râles. *Phos*. 3x every 3 hours.

January 29th. T. (noon) 102.6° . P. 108, stronger. R. 48. Scarcely any cough, and the expectoration has become purulent, and easily raised. Crepitation redux over lower half. *Phos*. 3x and *hepar sulph.* 2, alt. 2 hours.

January 30th. T. 101° . Vesicular breathing to near the apex, in which situation alone it remains bronchial. Four loose stools in the twenty-four hours. Diminish brandy to two ounces. Continue *phos*. and *hep. s*.

January 31. T. down to 99.4° , but has been kept awake by an irritating cough, with tickling in the wind-pipe; scanty expectoration. He complained last evening of a little pain across the chest, which has now disappeared. Still some diarrhoea. Poultice to chest. *Bry.* 1, and *merc. corr.* 3x, alt. 2 hours.

February 1st. T. still lower, but the cough keeps very troublesome. R. 44. The chest is becoming more resonant, and coarse râles can be heard all over the right lung, even to the extreme apex. The respiration of the left lung continues puerile. Examination of the cardiac area reveals a distinct to and fro murmur, where nothing abnormal had been previously heard. No pain in the chest or præcordial dulness. The patient has a haggard appearance; the pulse is 120, very soft, and inclined to be irregular. Taking bread and milk freely. Poultice to chest. *Bry.* 1, *ars. alb.* 3x, alt. 2 hours.

February 2nd. Cough still dry and hacking, with scanty mucous expectoration. T. sub-normal. P. 108. R. 48, but very shallow. The pericardial friction is now heard more distinctly, but only over an area at the apex which can be covered with a five-shilling piece. No

valvular murmur discoverable. Urine not scanty, free from albumen. *Bell.* 3x, *ars. alb.* 3x, alt. 2 horis.

February 3rd. Cough not relieved by the *belladonna*. T. risen to 101°. P. 180, distinctly irregular. A return of the diarrhoea, with six scanty stools in the 24 hours. Still no pain or discomfort in the chest; pericardial friction less distinct and heard only at the end of inspiration; no increased præcordial dulness. Increase brandy to four ounces. *Podoph.* 1 and two drachms of *infus. digitalis* (B.P.) alt. 2 horis.

February 4th. Cough still troublesome, but paroxysms of cough recur at longer intervals. T. 101°. P. 120 to 180, still markedly irregular. R. 30. Lung resonant over all but extreme apex, where there is some tubular breathing mingled with râles. Pericardial friction almost disappeared. Stools about six, but less in quantity.

February 5th. Had a better night. Sleeps now on the right side, and always with the head very low. Pericardial friction gone, heart sounds normal but weak, no increased cardiac dulness, no præcordial pain or discomfort. T. 101°. P. 120 to 180, still irregular. R. 33.

February 6th. Passed a very restless night. T. 102°. P. scarcely capable of being counted, so quick and irregular is it. Cough more troublesome with some brownish mucous expectoration. I find that the *infus. digitalis* ordered was made from a concentrated preparation, so have ordered *infus. digitalis recent.* one drachm 4 horis.

February 7th. Passed a good night, cough less troublesome. P. 120, stronger and nearly regular. Four scanty stools in the 24 hours. From this time improvement continued; the pulse became regular, though for a few days dichrotic, as indicated by the sphygmograph; the appetite improved and he gained strength, but the cough did not disappear, and the respirations continued to range between 35 and 45. The right apex continued dull, all moist sounds disappeared, but tubular breathing took their place over the upper third of the lung. He got up for the first time on February 11th. The further medicinal treatment consisted in *digitalis*, *china*, *arsen. iod.* and *kali hydriod.* He became very anxious to go to his home in the Midlands, and as I feared that a rise of temperature each evening probably indicated a deposit of tubercle

at the right apex, I thought the change of air might prove beneficial, and a fine day was waited for for the journey. But owing to an unexpected delay at Birmingham he reached home some hours later than was intended and greatly fatigued. Under the treatment of the family medical attendant he slowly gained ground, and was expected to be able to go out before long, when from some unexplained cause he became worse, and after a few days of restlessness he died suddenly on the evening of (about) March 26th, while reaching for something by his bedside. Through the courtesy of Dr. Bullock, of Warwick, who made an autopsy, I learn that "there was no tubercle or caseation; the right lung was firmly bound down to the wall of the chest; and the pericardium so adherent that it was impossible to separate it from the contained viscus."

While lobar pneumonia is a recognised complication of pericarditis, the converse condition—primary lobar pneumonia followed by pericarditis—appears to be very rare, or at any rate has been rarely recorded; hence the somewhat detailed account of what would otherwise have been but an ordinary well-marked and well-recognised disease. The reason of the pericardial involvement appears obscure. Had there been left pneumonia, and still more if the left pleura had been involved, we would probably, but with what truth we know not, have explained the condition by referring it to extension from the organ primarily affected, but with a right pneumonia such an explanation seems almost impossible. Certain it is that the complication is a very serious one, and for a time I realised that my patient's condition was one of great danger. Opinions may differ upon the question of the homœopathicity of *digitalis* to the condition of heart here present, but I was quite satisfied in my own mind that in this case it acted brilliantly (when the freshly prepared infusion was given) as it usually, I might almost say invariably does, when given in that condition of the heart which is indicated by a *weak and irregular pulse*—symptoms which I look upon as the "key-notes" for this drug.

18, Rodney Street, Liverpool.

April 28th, 1892.

BARYTA CARBONICA IN NOCTURNAL EMISSIONS.

By PERCY WILDE, M.D.

WE are only called upon to treat patients for emissions when they become so frequent as to debilitate, or when each emission is followed by so much physical prostration as to make its effects manifest for several days after it has occurred. The latter condition is not unfrequently complained of by married men who are sparing in sexual indulgence, and who find it necessary to be still more so because of the great feeling of weakness which follows every act of connection.

In both of these classes of patients we find a weak, excitable nervous system, which is either constitutional or the result of excessive mental strain. Stimulants, such as *strychnia*, or sedatives such as *hyoscyamus*, may give temporary relief to the symptoms, but we usually find that the organism is too profoundly affected to be permanently cured by such agents.

A young gentleman, with decided intellectual abilities, of good moral tone, who consulted me some time ago, presented a typical instance of the sufferer from nocturnal emissions and the disorders which accompany it. The pulse was quick and easily compressible, the heart was working with misdirected energy, and its sounds could be heard all over the chest. He suffered much from distressing palpitation and also from the form of indigestion which arises from want of nerve power in the stomach and intestines. The food caused flatulent distension of the abdomen and was slow in digesting. He had a feeling of weariness with constant inclination to lie or sit down. These symptoms were always worse after an emission and the capacity for study was so diminished that he despaired of being able to enter the profession for which he was studying. He was depressed about himself and more especially because he had carefully followed out the prescriptions of eminent old-school physicians and afterwards of a homoeopathic practitioner, and was no better.

My first attempts at relieving him was only accompanied by partial success. *Cactus* decidedly diminished the heart symptoms, but it did not touch the deep disturbance of the nervous system on which they depended. *Hyoscyamus* had very little effect in checking the emissions, and altogether I felt that some more deeply acting remedy

was required. After a careful study of his symptoms by the aid of a *Repertory* and the *Materia Medica*, I came to the conclusion that *baryta carbonica*, a remedy which had never occurred to me as likely to be valuable in the treatment of nocturnal emissions, was the most homœopathically indicated remedy.

It has the (1)—*Emissions followed by exhaustion.*

(2) *The frequent and too abundant flow of colourless urine which commonly accompanies hysteria and nervous exhaustion.*

(3) *Violent beating and palpitation of the heart.*

(4) *Dull aching in the back, relieved by lying down.*

(5) *Physical, nervous and mental weakness.*

(6) *The digestive troubles which accompany nervous debility.*

I prescribed this remedy in the sixth centesimal dilution, and three weeks afterwards my patient, who lived in another city, came to see me. He was bright and cheerful, and full of plans for the future; all the irresolution which is such a marked characteristic of the *baryta* subject had disappeared. He had had no further emissions, his heart was quiet, his dyspepsia had gone and he declared himself cured.

A single case such as this proves very little, and least of all that *baryta carbonica* is a specific for nocturnal emissions, but it has confirmed in my mind the value of this remedy as a nerve tonic, in the form of debility which is accompanied by excitement of the sympathetic nervous system. It is a remedy which has often done good service in cases of irritable heart, in my practice, and I am inclined to think that *debility with irritability and over action of the heart* is one of the key-notes which may be used in selecting it.

CEDRON IN NEURALGIA.

By A. SPEIRS ALEXANDER, M.D.

In the March number of the "Review," I reported a case of supra-orbital neuralgia, cured by one dose of *cedron* 1m.

Since then I have had the opportunity of verifying the action of this drug in a similar case.

On 5th May, I was called to see a lady suffering from a mild attack of influenza. The usual symptoms soon

subsided, but were succeeded, on the 7th, by severe neuralgic pain over the left eye and temple. For this the patient took successively, *aconite* 1x, *arsenicum* 8x, and *spigelia* 8x, but without receiving any benefit whatever. I was then informed that the attacks of pain always began regularly every morning at ten minutes to seven, continued most of the day, and subsided towards evening.

Taking into consideration the probably malarial character of the onset of this complaint (influenza), together with the clock-like periodicity of the attacks, I decided to try *cedron*. One powder of that drug, in the thousandth dilution was accordingly given, and followed up by the usual placebo.

On the 19th, I received a letter from this lady's husband, from which I quote, as follows:—"I thought you would be glad to hear that the powders you sent my wife have done her much good. They seemed to deaden the pain from the first." I have, since writing the last sentence, telephoned to ask if the neuralgia is entirely gone, and have received the reply that there was no return after the first moments of relief.

In Hering's "Guiding Symptoms," the following characteristics of *cedron* are given, and may serve as reliable indications for its administration in neuralgia:—

Time: 7 or 8 p.m. Chronic intermittent prosopalgia.

Fever: Miasmatic fevers of low marshy regions in warm seasons and tropical countries; chill returns with clock-like regularity.

Attacks, periodicity: Attacks occur with unerring periodicity to the hour.

Locality and direction: Left eye, a tic-like pain; shooting pain over left eye.

The three leading characteristics then are:—orbital, or supra-orbital pain; clock-like periodicity of recurrence, and malarial origin. The last may, or may not, be a necessary concomitant. That condition was present in both my cases.

Doubtless, some will ask why the thousandth was given in preference to any other dilution; and I reply, because I believe that when a drug is very accurately indicated, the higher it is given, the more quickly will the patient be cured, provided only one dose be given. The thousandth was the highest I had in my possession,

and nothing could have acted better. I do not deny that a low dilution might have done as well; but the object of this, as it was of the last paper, is to prove that high potencies have curative powers, and in many cases may be used with the greatest confidence.

It may also be objected that the drug used was prepared by the fluxion process, and that, therefore, nothing but tap-water was given. To my mind, however, it matters little whether the dilution be prepared by hand, fluxion, or any other process so long as it cures. That a drug prepared by the fluxion process did cure in the two cases narrated (as in hosts of others) is indubitable, and one solid fact is worth reams of ridicule.

If, instead of attempting to quash the high potency and fluxion dilution treatment by the same kind of arguments as those employed by allopaths against homœopathy generally, our kindly critics would consent to experiment a little for themselves, they might ere long learn to respect what now they revile, and to accept with thankfulness such a valuable addition to our medical armamentarium.

Plymouth, May, 1892.

"ORME" AND HIS TROUBLES.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

THOSE who take a practical interest in veterinary homœopathy may find food for reflection in the unfortunate turn of events, especially so far as his Grace the Duke of Westminster is concerned, affecting the erstwhile favourite for the two first classic races of 1892, namely, the Two Thousand Guineas and the Derby.

Among all classes of the community who claim to take any interest in our national pastime, it was deemed a well nigh foregone conclusion that both these important events in the racing world lay at the mercy of "Orme," so far superior among his compeers is he assumed to be; hence great was the consternation that prevailed when it became known that something was wrong with the Duke of Westminster's magnificent colt, and that in all human probability he would be unable to compete for the first classic race of the season. Various reports as to the real cause were

spread abroad, and after a few days of almost unexampled anxiety the public was informed, through the medium of the press, his Grace of Westminster had come to the conclusion that the noble animal had been tampered with and foully poisoned : at the same time it was stated, on what appeared very good authority, that the colt was the subject of dental difficulties, and, bearing in mind his age, to those who were not really in “the know” there appeared some amount of plausibility in this theory.

In the issue of May 4th of the leading sporting daily, the special commissioner gave an interesting account of an interview he had with the dental specialist, who had been called in consultation with the veterinary surgeon who was attending the case. It was found that one of the temporary molars was split, and the edges of this tooth were sharp and jagged ; a portion of this tooth was removed and the edges of the remaining portion were rasped down ; under this temporary tooth was observable the permanent molar in, so far as one can learn from the report, a carious condition, from which proceeded a most offensive odour. Upon this fact a theory has been advanced, which I do not for one moment presume to question, that the abrasion on the under portion of the tongue was produced by the sharp edges of this temporary molar, and the wound became septic in consequence of the carious condition of the permanent molar now exposed. The argument is a very plausible one. I, however, hold another theory, but, having no information other than such as is obtainable from the sporting papers to assist me in my diagnosis, my opinion cannot be said to be worth much, but I base it on an experience of a somewhat similar character of disease to that which I glean from the papers is affecting “Orme,” gained from several patients that on different occasions have been under my care, and successfully treated ; and I seem somewhat confirmed at the time in this opinion, as the papers of the day (May 5th) state that “Orme” is not so well : it therefore looks to me as though “Orme” was the subject of something more serious than a mere local disease ; in other words that it is a disease which is affecting him constitutionally. The disease which I have observed in several cases, and which

in certain characteristics resembles that of "Orme," develops in the following manner: viz., the first evidence of there being something wrong is observable in a very decided listlessness and a repugnance to ordinary solid food, though at the same time the animal frequently displays an eagerness for gruel or very liquid mash and would drink frequently; fever generally supervenes within 12 hours of the horse showing signs of dulness; when the fever is fully established, constipation supervenes.

As a rule, the secretion of saliva is very profuse, while the parotid and sublingual glands are very much swollen.

The saliva in the first instance is limped and clear, but very shortly becomes thick and stringy, having pus and blood intermingled, giving rise to a very offensive foetor; the tongue is very much swollen, being covered on the margin and under-surface with vesicles of various sizes and hues, varying from bright red to blue; these vesicles, if not opened, expand and ultimately burst, exposing deep and ugly looking ulcers. Unless properly treated, typhoid symptoms may supervene, and death result; but this is not at all a necessary sequel, as homœopathically selected drugs are quite equal to combat the disease when taken in the early stages. The pathological condition I have thus crudely described is styled by American practitioners "Blain." I assume that in England it would be termed "Septic glossitis," but this does not properly describe the serious condition of affairs, as my own view of the matter is that the symptoms indicate something of a far more virulent type than septic glossitis, and I believe them to be of an anthracoid character.

As I have already stated, I am guided in my views from newspaper reports, and not personal investigation; perhaps time will show how nearly I may be correct.

Now, assuming that the colt's teeth were really responsible for all this disturbance of a healthy equilibrium, it is worthy of special note that in homœopathy we have means at our disposal whereby this carious condition of the permanent molar tooth, which the dental specialist asserts is probably to be a source of frequent trouble to "Orme" in the future, may be arrested. I have had quite a number of

cases among dogs, and a few in horses, where, by proper internal and local treatment, well-established caries has been arrested, and the remnants of the teeth preserved for future masticatory purposes; moreover, in my own person, together with several members of my own family, to say nothing of numerous intimate friends, I have had ample confirmatory proof that a similar course of treatment is equally effectual in the human subject. But inasmuch as the gentleman, who is said to be the most renowned veterinary dentist living, who has the horse under his care for these dental troubles, in all probability knows nothing of the truth and value of Hahnemann's principle in medicine, and would at the same time consider it far beneath his dignity to investigate the much maligned system of therapeutics, there is little hope of “Orme” ever reaping the advantages he might otherwise enjoy from the system.

Before closing, it may be interesting to review the poisoning theory to which the Duke of Westminster and Mr. George Lewis, the eminent solicitor who has the case to investigate, seem to pin their faith with undeviating pertinacity, if one may accept the statements appearing in *The Sportsman* of May 6th as representing the views held by the Duke and his legal adviser.

Assuming that “Orme” had in some mysterious manner been drugged, how is it that the vesicles were all on the under surface of the tongue, and that none appeared on the dorsum or upper surface? Surely the latter is the part of the organ that would first and most easily be affected by the corrosive action of the drug?

If a poison capable of raising blisters or vesicles had been administered, how is it that so long a period elapsed between the supposed date of administration and that when the stomach troubles supervened?

If poison was administered, or the illness was due to poison, how is it that the colt is better one day and worse another? As a rule, in cases of poisoning, when the drug commences to act, the pathogenetic influence proceeds on through a definite course, either fatally or to well-established amelioration. “Orme,” however, appears to have been the subject of more than one or even two relapses after being reported as “*much better*.”

If the illness was due to a misdirected, but none the

less malevolent, attempt to poison the colt, how is it that the inflammation of the stomach, said to be brought on by the action of the drug, whatever it may have been, took so many days to develop?

These are questions which those who uphold the poisoning theory, provided their knowledge of drug action qualifies them to give an opinion, will find it difficult to answer. All the symptoms, however, including those of the stomach, which have developed since I commenced writing these lines, are quite in consonance with the presence of the disease indicated in the earlier portion of this communication, and which, so far as one can be guided who has not had the privilege of carefully examining the colt, appear to receive confirmation day by day. Having allowed some time to elapse in order to watch the turn of events, I see nothing to cause me to alter my opinion that "Orme" was not poisoned, at all events by drugs, and that he has been the subject of the disease known in America as "Blain."

Sussex Villas, Cornwall Gardens,
South Kensington, May 16, 1892.

SHORT PAPERS ON DRUG-PATHOGENESY AND HOMŒOTHERAPEUTICS.

By EDWIN A. NEATBY, M.D.

Assistant Physician to the London Homœopathic Hospital.

I.—PODOPHYLLUM.

A.—Pathogenetic Action.—The May-apple and its resin (*podophyllin*) affect chiefly the intestinal canal, and the small intestine is most severely irritated. In animals experimented upon the entire mucous lining of the small bowel is found intensely inflamed, especially the duodenum; ulceration in the latter situation is produced, and to a less degree in the ileum. Tenacious bloody mucus covers the inflamed surface. The signs of a similar condition are found in the human subject in severe cases of poisoning. Violent vomiting, great abdominal pain, with tympanitis and much tenderness, followed later by watery stools, precede the fatal collapse. Great thirst is conspicuous in the severer cases.

The provings and less severe cases of poisoning exhibit in greater detail the derangement by the drug of the

functions of the organism. One of the first symptoms evoked is abdominal pain, sometimes quite violent, sometimes slight; the pain is associated with, if not due to, flatulence, and is described as colicky (gripping, cutting), or stitching, and may be relieved by pressure (*e.g.*, by flexing thighs, etc.) Sooner or later the gripping is followed by the evacuation of liquid stools. At times the diarrhoea induced assumes quite a cholera-like character, as evidenced by "watery purging every two or three minutes, vomiting, coldness of surface and great prostration." Liquid yellow stools, yellow undigested fæces, or thin watery-green discharges are more common than the choleraic condition; but mucus and tenesmus are infrequent. When present the mucus may be offensive, and the stool of a burning acrid character. The action of the bowels is not restricted to any period of the day; but the early morning from 2—4 o'clock is a favourite hour for disturbing the sufferer, and eating or drinking may act as exciting causes of the diarrhoea. In the experiments on animals, bile was usually found in the stools; no mention of this is made in the provings or poisoning in the human subject. The influence of the drug on the lower bowel is further manifested by full feeling in rectum, tenesmus, and burning at anus, hæmorrhoids and prolapsus ani.

Less frequently gastric pain is present at the same time, and the ingestion of food then aggravates the condition or induces a burning sensation. Nausea and vomiting occur as a rule *after* the intestinal pains have set in, a circumstance which suggests that the vomiting is rather of a reflex character than due to local irritation. There are no experiments to indicate whether vomiting is or is not due to the action of the poison on the medulla directly. But the fact that feeble pulse, cardiac weakness and collapse are in proportion to the vomiting rather than to the diarrhoea suggest the probability that such may be the case, and this view is confirmed by the fact that in animals the stomach was found to be practically healthy after death—as were the mouth and œsophagus. In a case of fatal poisoning no action of the bowels occurred, but the vomiting was constant and uncontrollable. The vomited matter is almost invariably of a bilious nature—dark-green in colour, and either thin or thick in consistence. The gastro-intestinal

symptoms are accompanied by thirst, possibly unrelieved by drinking, white-coated tongue, and viscid or dried mucus in the mouth with sour or bitter taste. In spite of thirst for cold water, that beverage may cause oppression, and be rejected by the stomach. Loss of taste, offensive breath, salivation, swelling of tongue and glands may be present. In connection with these mouth symptoms, may be mentioned a dryness of pharynx, which feeling extended in one case along the right eustachian tube, with dull aching of right ear. The same prover experienced sensation of a lump or ball in the œsophagus. In the case of a girl aged 20, a poisonous dose of the resin, in addition to many of the symptoms already alluded to, pelvic implication occurred, as attested by uterine and ovarian pain (right-sided), pain and cramp in the right thigh and leg, dysuria and much hypogastric tenderness.

In close connection with the gastro-intestinal disturbances induced by the drug is headache. The pains are mostly frontal or in the temples, and of a darting character, relieved by pressure; or a dull aching, stupefying pain and fulness, worse on lying down and from eating. Soreness over the seat of the pain, and dryness (temporarily relieved by bathing) may also be mentioned. Although podophyllum is so much used as a "liver medicine," its action on that organ is much less pronounced and less defined than that of many other remedies, not being in such repute as hepatics. The drug appears incapable of exciting any inflammatory process in the liver. That considerable quantities of bile are poured into the bowel and evacuated with the stools is undisputed, but it is uncertain whether or not any stimulation of the secretion of the bile occurs. If the cathartic action be severe, the secretion of bile may be lessened (in animals). No specific peritonitis is induced.

Lastly must be mentioned that workers with the drug frequently suffer from inflammation of the eyes, following the grinding or powdering of the root or resin. Conjunctivitis and keratitis with photophobia and pain, accompanied by redness of skin of face, occur from local contact of the dust. One of the provers also experienced smarting of the eyes. The same local influence probably explains the "scabby eruption" on the arms and legs.

For a number of unclassified symptoms—occurring mostly in association with the abdominal disturbance—reference should be made to the pathogeneses of the drug. A few of them may be briefly mentioned—feverishness and chilliness, flushes of heat, inclination to draw deep breath, hindered by sensation of constriction of chest, dull aching in knees and thighs, pains in arms, back and loins, alteration of colour, and blue ring round eyes, &c., &c.

B.—Homœotherapeutics.—Podophyllum has been called vegetable mercury, and has been abused like that drug, though happily with less disastrous results. From the foregoing description of its action it will be evident that its use for a variety of what are called “bilious” or “liver” symptoms is not based on Hahnemann’s rule. It is in gastro-intestinal catarrh and gastro-enteritis that its chief curative sphere is found. It is needless to repeat the description just given of these conditions in detail. The gastric symptoms proper are much less pronounced than the intestinal, and are largely reflex. The mouth and throat accompaniments will often be found with intestinal catarrh, both acute and chronic. The cholera-like condition, including great prostration and tendency to collapse, occasionally induced by the drug, find their parallel in cases of infantile (especially summer) diarrhœa. Although here the cause must first be removed, the value of medicines in allaying the irritation set up by unsuitable food is undoubted. For ulceration of the small intestine, especially of the duodenum, *podophyllum* must rank high. The diarrhœa of *podophyllum* is not limited to any hour of the day, but its most favourite time of onset is the early morning—2—4 a.m. The sharp colic is paroxysmal. The colour of the stools varies from yellow, through green to dark brown. Tenesmus is only occasionally present, but its presence would not contra-indicate the use of *podophyllum*.

The irritable condition of the rectum and anus often noticed in practice in association with acute and chronic diarrhœa is found also in the drug. Piles and especially prolapse of rectal mucous membrane have correspondingly been relieved or cured by this agent, notably in children. The extension of the action of

the poison to the pelvic viscera has been alluded to. The pathogenetic symptoms give only a suggestion of the possible value of the drug in this sphere. In some of the distressing pelvic pains, and the recurrent diarrhœa after perimetrial inflammation has subsided, *podophyllum* may be indicated, and has proved serviceable.

The headache, again, of *podophyllum* is associated with the disturbance of the alimentary canal. The dull stupefying pain is more commonly met clinically in this connection, and the peculiarity worse on lying down and after eating will not seldom prove a useful guide to the choice of this remedy. Similarly the vasomotor disturbances may afford confirmatory evidence in favour of this selection. The "feverishness" and "chilliness" of the pathogeneses do not, however, appear to me to warrant the employment of *podophyllum* in intermittent fevers. The action of the drug on the eye is a local one.

Clinical indications.—Experience with the May apple in practice has added a number of indications, which, although not based on our present pathogenetic knowledge, are yet useful helps, and may eventually prove to be homœopathic. We place them by themselves that their true character may be understood.

The evacuations are said to be forcible, and the call to stool urgent; stools offensive and foetid. The tongue is described as indented—this is a disease-, and not a drug-symptom, and its use antipathic. During dentition moaning and whining during sleep, grinding of teeth, rolling and throwing back of head; convulsions. Sleepiness or delirium during remittent fevers. Pro-lapse of uterus (with diarrhœa).

CLINICAL REPORTS.—LONDON HOMŒOPATHIC HOSPITAL.

I.—*Chronic Sub-mammary abscess; incision; recovery.**

(Under the care of Mr. KNOX SHAW.)

M. C., aged 25, a healthy-looking single woman, was sent into the hospital by Dr. Clifton, of Northampton, on October, 5th, 1891.

Her family history was unimportant. She had always enjoyed good health, except that about six years ago she

* From notes taken by Dr. H. W. Cook, Resident Medical Officer.

was laid up for a short time with some affection of the lungs. During her convalescence an abscess formed on the lower part of her sternum, which broke and discharged pus. Last Christmas she first noticed pain in the upper part of her right breast. She knew no cause for this, but remembered that shortly before this she had carried a very heavy child.

The pain caused her to examine her breast, when she found it a little swollen. There has been but slight pain since that time but the swelling in the upper part of the breast has slowly increased.

On inspection, both breasts were seen to be well-formed, but the right was much fuller and more prominent than the left, and there was a marked ovoid swelling at the upper part of the organ. There was no redness, œdema, nor enlargement of the veins. When palpated the swelling was felt to be soft with distinct fluctuation, but there were no induration of the organ and no enlarged glands. Fluctuation seemed to extend beneath the breast to its lower border. At the lower end of the sternum was the depressed scar of an old abscess.

The same afternoon, under ether, an incision was made into the upper of the breast letting out about half a pint of pus. A long probe was passed beneath the breast to its lower and outer border where a counter opening was made and a drainage tube inserted. Cyanide gauze dressings were used. Internally *calcium sulphide* 2x was given. The case was dressed three times and the temperature remained normal. The patient was discharged almost well twelve days after the operation.

Remarks: This case well illustrates the slow and insidious nature of the formation of chronic sub-mammary abscess. But it serves too to demonstrate a point raised by Sir James Paget in his article "Periostitis following Strains" in *Studies of Old Case Books*. In this article he shows how frequently necrosis, periostitis or suppuration follow violent pulling on the periosteum by the sudden contraction of muscles in exercise. The disastrous results he has recorded generally appeared in weakly and scrofulous patients, and I should be disposed to argue that there is a predisposing tendency in these cases to the development of these abscesses owing to the tubercular diathesis of the patient. I have seen several cases which support entirely the contention

of Sir James Paget that "sprains ought to be thought of as more complicated injuries than they usually are."

On thinking over the case I have just reported I have concluded that its otherwise inexplicable causation might be accounted for on the above lines. We had an apparently healthy young woman to deal with, but who had previously shown a tendency to tuberculous inflammation by the development of abscesses connected with her sternum. In nursing and carrying about a heavy child she strained her pectoral muscle and the fascia covering it. A sub-acute inflammatory reaction was set up followed by suppuration; the constitutional defect in the patient predisposing to this untoward result. Coote has stated that sub-mammary abscesses are mostly of tuberculous origin.

In these cases the abscess usually points at the lower and outer part of the breast but it will be noted that in this case the most fluctuating and prominent part was at the upper portion of the organ.

II.—*Calculus Vescicæ; lithotripsy; recovery.**

(Under the care of Mr. KNOX SHAW.)

The Rev. Mr. C., aged 58, was sent up for examination by Dr. Black Noble on April 21st, with the following history. For some little time he has noticed that he had to micturate more frequently than he used to do, but experienced no special discomfort till about Christmas time, when he noticed a slight constant pain at the hypogastrium. In the beginning of February, after a long walk, he had pain at the end of the penis and an increase of his hypogastric pain and also discomfort at the commencement of micturition. About two months ago he noticed for the first time that he was unable for a few minutes to pass water at all and that emptying the bladder was followed by pain and a few drops of blood. Similar attacks of pain and difficulty with a little bleeding have occurred at times since; but he does not appear to have had any cystitis. He was sounded and a small stone was discovered lying at the right side of the bladder. The urine was acid, of good specific gravity but contained a trace of albumen.

The patient was admitted to the hospital on the 23rd and put to bed.

* From notes taken by Mr. Leo Rowse, Resident Medical Officer.

April 25th. The bowels having been previously well evacuated and the bladder washed out with boroglyceride lotion Dr. Day anæsthetised the patient with ether. A Thompson's sound was then passed and a stone, lying behind and to the right of the prostate was sounded. Four ounces of warm boroglyceride solution were then introduced into the bladder. Weiss's "B fenestrated" lithotrite was passed, but required some little coaxing through the prostatic urethra, but, notwithstanding the most careful sounding, the stone could not be found. It seemed clear that the stone had rolled into some pouch in the bladder, so a Bigelow's evacuator attached to a number 16 canula was introduced and after a few waves of fluid had been sent into the bladder the stone was felt and heard clicking against the end of the canula. The lithotrite was again introduced and the stone felt in its original position, but in attempting to grasp it, it again disappeared.

Believing that the stone had slipped into a post-prostatic pouch, the beak of the lithotrite was reversed, and the post-prostatic region explored, with the satisfactory result of at once finding the stone. It measured just half an inch in diameter. The stone was then carried carefully to the centre of the bladder and crushed; it was a hardish stone, and gave the feeling of being well fractured at the first crushing.

After crushing the fragments three or four times the bladder was thoroughly washed out until every fragment appeared to have been removed, and the patient put to bed; the patient having been under the anæsthetic forty minutes.

On the 27th and 29th he had a slight rigor with elevation of temperature, the highest being 102°; for this he was ordered *aconite* 1x m iv. every two hours. The temperature then subsided and he left the hospital May 6th. The urine had cleared up, he had lost his trace of albumen, and had passed no fragments. As he was feeling a little weak with a tendency to perspire he had been ordered three days before he left the hospital *ac. phos. dil.* m v., three times a day.

The points of interest of the case are brought out in the narrative of the operation and the subsequent course of the patient, and need no further comment.

REVIEWS.

A Primer of Materia Medica for Practitioners of Homœopathy,
by Dr. TIMOTHY FIELD ALLEN. Philadelphia: Boericke &
Tafel. 1892.

THIS is just such a book on materia medica (as opposed to a treatise on pharmacodynamics) as we should have liked placed in our hands when beginning the study of homœopathy. It is a compact volume, not too heavy to hold in one hand, and contains some 400 pages. It is not one of the old long records of unmeaning symptoms, beginning—as has been somewhere said—with confusion, and ending with rage, reducing the neophyte student to a similar condition. Some 250 of the most important drugs are dealt with, and of these the “gist” is given rather than the symptomatology; yet the outline is very complete and reliable. As in Dr. Allen’s *Handbook*, wherever the pathogenetic facts have been utilised a clinical note has been attached: these are often most valuable, and constitute a very important feature of the work. Here and there curious relics are noticed, the meaning of which (if any) is not obvious to the average mind: *e.g.*, one drug is useful for “chronic induration of the ovaries, reaching as far as the umbilicus.” The *schema* of Hahnemann is followed, prefaced by a concise statement of the physiological action of the drug.

We should have no hesitation in placing this book in the hand of a new beginner, for whom a book of the kind has long been needed as a companion to the manuals in narrative form. It will also form a useful help to the memory of the practitioner, by whom it might with advantage be taken in his carriage.

MEETINGS.

MEETING OF THE WESTERN COUNTIES
THERAPEUTICAL SOCIETY.

A MEETING of the above society was held on October 9th, 1891, held at Dr. G. Norman’s, Bath. Present:—Dr. Mackechnie and Dr. Norman, of Bath; Dr. Hardy, of Bournemouth; Dr. Reed and Dr. Alexander, from Plymouth; Dr. Cash, of Torquay; Dr. Morgan and Dr. Nicholson, of Clifton; and Dr. Barrow, of Clifton, as a visitor.

Dr. T. D. NICHOLSON read a paper on “The Therapeutics of *Strychnine*” (see p. 825), after which there was a discussion.

Dr. NORMAN agreed with the reader of the paper that *strychnine* was not used enough. In cases of chloro-anæmia he gave *ferr. cum strychn. citr.* with benefit, and in nervous exhaustion he relied on *ac. phosp.* and *strychn. phos.* Referring to the action of *strychnine* in epilepsy, he had found good results from its administration, and quoted from Tyrrell's work.

Dr. ALEXANDER thought the action was homœopathic in epilepsy affecting the medulla and nerve centres, and that we should use it oftener. He had had one case cured by *strychn.* and one not cured, but afterwards cured by *scutillaria* and *cicuta*.

Dr. REED related a case of right facial paralysis where a strong solution of *nux vom.* was applied externally with benefit. He considered *strychn.* useful in dilated and fatty heart, and a good specific for the vomiting of phthisis.

Dr. CASH quoted Christison's opinion of *strychn.* in epilepsy as not being curative, but he had seen great good from *nux vom.* in one case of epilepsy. He used the nitrate in doses of $\frac{1}{100}$ gr. in debility, with backache and perspiration.

Dr. REED recollected a case of epilepsy very rapidly cured by *strychn.* by Professor Laycock, who at once pointed out its action as being homœopathic.

Dr. BARROW mentioned a case of severe paroxysmal asthma where *strychn.* acted marvellously, but it was not curative. He got a proving in one case after administering $\frac{1}{80}$ grain. In half-an-hour numbness and coldness of one arm was felt, and the same symptom returned on another occasion after repeating the dose.

Dr. ALEXANDER suggested a trial of *strychn.* in Raynaud's disease.

Dr. HARDY used *strychn.* largely, but not in a very wide range of cases. He considered no drug of so much service in general debility and want of tone. He tried it in dyspepsia at one time, but thought *nux* better on the whole. In one case, convalescing after scarlet fever, it produced gastralgia. In a severe case of asthma in the Homœopathic Hospital in London, he remembered seeing *nux vom.* prescribed by Dr. Mackechnie give great relief, and he had found *strychn.* of benefit in spasmodic asthma, and seen one case practically cured. He believed in its virtue in the vomiting of phthisis, which was generally associated with disease of right apex. In fatty heart it was not always safe, being liable to produce distress, irritability, and restlessness. He related the case of a man who said he had an overdose of *strychn.* eighteen months previously. His symptoms suggested *strychn.*, so Dr. Hardy gave him *ignat.* 8x without his know-

ledge, and his old symptoms all returned. He once recommended the granules of *strych.* and *hyoscyamine*, alternately, as advised by Burggraave to a lady going a voyage. It was not successful in her case in stopping seasickness, but she gave it to her friends, and he had rarely heard such unanimity in praise of any remedy before.

PERISCOPE.

MATERIA MEDICA AND THERAPEUTICS.

AMMONIUM BROMATUM.—Dr. Goullon, of Weimar (*Southern Jnl. of Hom.*) advocates the use of this remedy in nervous, irritable cough of bronchial catarrh, when sleep is disturbed by the coughing. In the case of an elderly lady with mucus expelled only with difficulty and pain, the troublesome night cough, which had made sleep impossible, the “painful features gave way almost at once, after a few minutes, to *ammon. bromat. 8.*”

Dr. Eichler, of Wernigriod, known to us through his treatise on diphtheria, has called attention to *ammonium bromatum* and the still more active *ammonium iodicum* and their effect in conditions where the mucous discharge is copious, be it from the nose or from the bronchial tubes.

Dr. Goullon gives the following indications for the use of the bromide as a cough sedative, not inducing headache or other unpleasant effects.

1. Acute aggravations of chronic bronchial catarrh.
2. Marked rattling of mucus in the chest, which, despite its apparent looseness, is difficult to expel; coughing painful; pain relieved only by pressure of the hand on the chest.
3. Sleep disturbed by severe coughing, which, however, does not loosen the mucus.
4. As the cough continues debility and loss of strength become prominent, which add to the difficulty of expectorating the mucus.
5. The nasal mucous membrane did not share in the improvement in the above case except that the discharge from it was no longer offensive. The sense of smell had been entirely lost.
6. Decrepitude, anæmia, persons well advanced in years.

Finally, he emphasises the fact that in this case the chest became quite free within two or three minutes after taking the remedy, whereas it had seemed crowded with mucus, and that the patient slept well from the time she began the medicine. She took the remedy three times a day. It is worthy of mention that the remedy is quite a stable one.

AURUM MUR. IN INSOMNIA, ETC.—Dr. Clifford Mitchell (*Med. Era*) had good results with this drug in a case of sacral neuralgia, insomnia, and depression of spirits. The remedy was prescribed to relieve troublesome nocturnal urination, which was very annoying—the night urine being considerably in excess of the day. The whole of the symptoms disappeared. Dr. Mitchell suggests a trial of gold in diabetes with the symptom night urine in excess of day urine—not temporarily, but as a rule.

[A short time ago we prescribed for an obstinate sciatica in an elderly man, the *ammon. mur.* in the 2x dil. When the patient returned he said the sciatica had gone, but he complained very much of the taste and the price of the medicine. The chemist told him it was an unusual strength of gold—in other words, the dear and nasty medicine dispensed was *aurum mur.* instead of *ammon. mur.* The sciatica is quite absent.]

GASTRIC TUMOUR CURED BY A DIET OF FROZEN MILK.—In the *New York Med. Times*, Dr. E. M. Hale reports a case observed by him some time ago. The patient was an old gentleman who had not been able to retain any food for many months. He was much emaciated and almost demented. A colleague (Dr. H. A. Johnson) diagnosed pyloric cancer; a distinct nodular swelling was present. Nutrient enemata were badly borne, and every attempt to give liquid food by the mouth caused great pain and vomiting. Ice cream was not more successful than other things, but frozen milk caused less pain than any other food, and half-an-ounce at a time was retained; the milk, when frozen, was soft and friable. Half a grain of *codeine sulph.* was given every six hours. This was the sole food for six weeks; after three months he could eat any food he desired. He lived two years longer and died of typhoid fever.

SURGERY.

CONDITIONS SIMULATING RENAL CALCULUS AS VERIFIED BY SURGICAL EXPLORATION IN TWENTY-EIGHT CASES.—Mr. Henry Morris, in a lecture delivered at the Middlesex Hospital, gave the following diseases for which he had explored the kidney 28 times on a diagnosis of probable renal calculus, no stone being found. They are worth bearing in mind when one is called upon to make a diagnosis in this rather complex disease.

1. Tuberculous nephritis and pyelonephritis.
2. Abscess of the kidney—scrofulous or otherwise.
3. The effects of former perinephritis caused by sprains or injuries to the back.

4. Movable kidney.
5. Abscess of the prostate.
6. Calculus of the prostate.
7. Calculus in the lower end of the ureter.
8. The effects of former passage of a calculus.
9. Renal calculus simulated by disease in neighbouring organs such as the cæcum and stomach.
10. Spinal disease which had caused perinephritic suppuration.
11. Undetected renal calculus.
12. No sufficient cause detected.

(*British Medical Journal*, April 80th, 1892.)

ENLARGED PROSTATE.—Dr. Bessey, of Toronto, Canada, contributes a paper on *The Treatment of Enlarged Prostate* to *The Hahnemannian Monthly* for April, in which he advocates the medicinal in preference to the purely surgical treatment of this disease. After describing the various surgical methods which have been proposed from time to time, he concludes that “these several methods are only surgical, and therefore expedients such as should be resorted to as the *dernier ressort* when all remedial treatment has failed.” The plan suggested is one, which he says, “I have been pursuing for the past three years with the greatest comfort to myself and satisfaction to my patients.” It is a modification, or rather an expansion of that originated by the late Dr. Atlee, of Philadelphia, in 1878. This was based upon the consideration that the prostate is largely made up of involuntary muscular fibre, that its enlargement is chiefly due to congestion of its blood-vessels, and that we have, in the *ergot of rye*, an agent capable of causing contractions of unstriated muscular fibre and capillary vessels, while, as a consequence of such contraction being induced in the gland, “its follicles, mucous glands, and thus its size, as well as its nutrition, would be diminished.” *Ergot*, however, being spasmodic in its action and therefore only temporary in its effects, Dr. Bessey’s experience with it alone was not completely satisfactory, as the symptoms after a time returned. He therefore improved upon Dr. Atlee’s suggestion of *ergot* by combining *cimicifuga* or *actæa* with it; this latter drug having, as he says, “the power of producing tonic or permanent contraction of involuntary muscle fibre.” The combination of these two drugs has, he says, been very satisfactory to him.

In a case of complete retention from enlarged prostate, after having relieved the bladder by fomentation, the hot hip bath, and the catheter, or failing this by rectal puncture, the next step he says is to “irrigate the prostatic portion of the urethra thoroughly with very hot water, to which *perchloride*

of mercury (1 to 10,000) has been added. I then order the patient to have injected into the rectum 10 drops of fluid extract of *ergot* with 5 of tinct. of *cimicifuga*, every two hours, or 80 to 15 every six hours, as circumstances may indicate. This is persisted with, and the hot water irrigations are repeated every twelve hours until the catheter can be readily introduced."

The treatment is continued by the use of warm and well oiled steel sounds, such sizes only being introduced as pass without force. The medicine is continued every two hours until the swelling has ceased to prevent the use of the catheter, then the frequency of the dose is diminished and the size of it increased. The necessity for the use of the catheter commonly ceases, he says, in three days, and by persisting in the use of the *ergot* and *cimicifuga* the patient soon recovers complete control of the bladder, which a nightly dose for several weeks enables him to retain. "By this means," writes Dr. Bessey, "prostate glands that have been chronically inflamed and enlarged for years may be effectually relieved, and comfortable health secured into advanced life."

MEDICINE.

PAROXYSMAL TACHYCARDIA.—It may be remembered that Dr. Cash, of Torquay, reported two cases of this rare affection in our pages last year (September). Dr. Brannan, of New York (*New York Med. Record*), from whose paper we extract the following, gives a case and summary of the information possessed hitherto by the profession:—

"On December 12, 1885, at 11 p.m., I was called in haste to see Mrs. L., a woman thirty-five years of age. She seemed in great distress, and complained of palpitation and severe pain to the left of the sternum. She attributed her symptoms to her having been very much startled by her son, a weak-minded epileptic. She stated that she had had a similar attack two years previously, and from the same cause. She was a stout woman of rather nervous temperament, and had been troubled somewhat with dyspepsia. I learned later that she was two months advanced in pregnancy.

"On examination I found the heart beating at the rate of two hundred pulsations to the minute, impulse strong. There were no murmurs or other adventitious sounds. The thyroid was not enlarged; there was no prominence of the eyes. I at once gave her a quarter of a grain of *morphia* hypodermically, and ordered a belladonna plaster to the seat of the pain, and one minim of the fluid extract of *digitalis* to be taken four times a day. Rest in bed was also enjoined.

" December 18th. The patient said that she had had but little sleep during the night, and had noticed that she was passing very little water. The heart's action was unchanged, but in spite of the vigorous systole the pulse was of very low tension, almost impossible to count at the wrist. The urine was examined, and proved to be normal in all respects. The patient was pale and anxious, but not suffering to any extent. I increased the *digitalis* to five minims in the twenty-four hours, gave her one-third of a grain of *morphia* at night, and also a laxative pill.

" December 14th, morning. The patient expressed herself as more comfortable. She had slept soundly and thought the palpitation was less. On examination the heart was found as before. The *digitalis* was continued. Evening: The heart was acting quietly, seventy-two beats to the minute. There was no enlargement nor any sign of valvular lesion. I continued the *digitalis* in diminishing doses for several days, and put the patient on a strict dietetic regimen. She remained under my observation for some two years, and during that period she had no return of the paroxysm, in spite of the fact that she aborted at the sixth month. I have heard of her since at intervals, and know that she is still alive and in good health. . . .

"My attention was attracted by an article entitled *Essential Paroxysmal Tachycardia*, by Bouveret, of Lyons. It is an exhaustive study of the subject, based upon two cases seen by himself, and nine other reported cases. I have excluded all those cases in which there was a history of rheumatism, or in which valvular murmurs or other signs of cardiac disease were noted. In all I have found twenty-seven cases, including my own, which correspond to the picture given by Bouveret of the disease.

"In his description of the paroxysms Bouveret divides them into two classes, according to their greater or less duration, because of the pathological consequences which ensue if they are prolonged beyond a certain period. If they last more than four or five days, we see secondary disturbances of the circulation and respiration, due to the rapid weakening of the heart, its dilatation, and the incomplete emptying of its cavities.

"In the short attack there is nothing noteworthy except the extreme rapidity of the heart's action. This rapidity may attain 250 or even 300 pulsations a minute. It is very like that produced by section of the pneumogastrics in animals. The pulse is usually regular; occasionally there are periods of irregularity. It is often not perceptible at the wrist, but is to be felt in the carotids and femorals. The second pulmonic

sound is accentuated, showing increased tension in the pulmonary artery.

" Sometimes there are prodromata, such as dizziness, or a sense of constriction at the throat or epigastrium. Generally the beginning is sudden, without warning. Often there is no cause for the attack, at other times it follows some strong mental emotion or physical fatigue or effort, and such causes are especially efficient during convalescence from a previous attack. The face is usually very pale throughout the paroxysm. The pupils are normal, and there are, as a rule, no vaso-motor disturbances.

" There may be moderate dyspnoea ; anorexia and constipation are usually present, and almost complete insomnia. There is marked diminution of the urinary secretion, but no albuminuria and no fever. In some cases the temperature is below normal.

" The subjective sensations are variable ; sometimes epigastric oppression, pain at the præcordia, numbness of the left arm, or general chilliness.

" The attack ends as abruptly as it began, the pulse dropping suddenly from 200 or more to 72 beats a minute. Hup-pert noted the change of the pulse in his patient from a vague undulation to strong, regular, slow, equal pulsations. The short attack leaves but little prostration afterward.

" The long paroxysm, however, is much more serious, because of the secondary respiratory and circulatory disturbances.

" There is extreme cardiac distension, as shown by the dulness. In one case of Bouveret's the dulness extended from the upper border of the third rib to two inches below and outside of the nipple, and from an inch to the right of the sternum to one-half inch beyond the left mammary line.

" Sometimes there is a soft systolic murmur during the paroxysm or during the convalescence, disappearing later. The stasis in the left ventricle and auricle and pulmonary veins causes congestion and œdema of the lungs.

" The patient has cough, dyspnoea, and bloody expectoration. Sonorous and sibilant râles and friction-sounds are to be heard. In some cases there is pleurisy with effusion. The temperature may rise three or four degrees, owing to the pulmonary process.

" There is marked cyanosis of lips and cheeks, and swelling and pulsation of the jugulars.

" There may be agitation and restlessness at night, unpleasant dreams, and even delirium.

" The cerebral disturbances are probably due to the arterial ischæmia and venous stasis prolonged for several days.

“ Swelling of the liver and spleen is noted, also ascites and œdema of the ankles. The urine is diminished and high-coloured, and usually contains albumin and blood-globules. When the attack ceases the urine increases in amount, and the albumin and blood disappear.

“ In place of the constipation of the short paroxysm there is diarrhœa as a result of the venous stasis in the intestinal mucous membrane.

“ The subjective sensations are usually the same as in the short attack.

“ In one case, toward the end of a paroxysm which had lasted three weeks, and which terminated fatally, the præcordial pain was so intense as to recall that of angina pectoris. Bouveret attributes this pain to the ischæmia of the heart-muscle, due to the same lack of tension in the coronary arteries that is found in the peripheral vessels.

“ Some patients have fainting spells and syncope, especially if they attempt to rise from the recumbent position.

“ At the end of the paroxysm the secondary symptoms disappear gradually. Several days elapse before the lungs clear up. The urinary symptoms cease at once. The heart remains irritable during the first few days of convalescence, and a return of the paroxysm may be produced by a very slight cause, such as sitting up in bed. The extreme cardiac distention, however, disappears in a few hours.

“ The paroxysms ended fatally in 8 of the 27 cases, twice by syncope, twice by asystolic collapse, and in the other cases by pulmonary congestion or intestinal hæmorrhage.

“ *Etiology.*—There is an absence of hysteria or neurasthenia in the cases collected, as also of hereditary neurotic tendency. Two cases, however, were those of mother and daughter. My patient was of nervous temperament and had an epileptic son.

“ The disease is not often observed in children. In one case the paroxysms began when the patient was nine years old.

“ Over-fatigue, either mental or physical, seems to be the chief cause of the affection. Excessive smoking is also an important factor, and the drinking of strong coffee.

“ In one case the paroxysm was caused by a fright two or three days after confinement. In my patient a fright seemed to be the exciting cause.

“ *Pathology.*—The pathology of essential paroxysmal tachycardia is still undetermined, and is perhaps not the same in all cases. The majority of observers believe that we have to do with a pure neurosis, a temporary disturbance of the motor innervation of the heart. Such a disturbance might be caused in three ways: by excitation of the sympathetic, by a modification of the activity of the intra-cardiac ganglia, or by

a temporary paresis of the vagus. Dr. Wood considers the tachycardia to be due to a discharge of nerve force and not to a paralysis of inhibition, comparing it to the epileptic paroxysm.

"It has already been stated, in the description of the paroxysms, that there are, as a rule, no vaso-motor symptoms nor changes in the pupils. This fact is opposed to the idea of sympathetic irritation.

"It seems probable, on a review of all the evidence, that in most cases there is a paresis of the vagus, of central (bulbar) origin.

"In two cases there was found, at the autopsy, fibroid degeneration of the myocardium, but a connection between this condition and the symptoms is not demonstrated.

"*Diagnosis.*—A well-marked case of essential paroxysmal tachycardia can hardly be mistaken for any other disease. There is no exophthalmos nor any enlargement of the thyroid; in Graves's disease, also, the acceleration of the heart's action is continuous, and never attains two hundred beats a minute, and the pulse is always perceptible at the wrist.

"Organic lesions of the vagus cause permanent tachycardia; they are accompanied, too, by respiratory and gastric disturbances. The disease does not last long, being soon fatal. Lesions of the pons or medulla would also give a constant acceleration of the pulse, and be attended with motor or sensory disturbances, and very soon cause death. Angina pectoris is excluded by the absence of the intense pain characteristic of that disease. In angina, also, the pulse does not attain such rapidity.

"Reflex tachycardia is more difficult to exclude, if there are present any gastric, uterine, or ovarian disturbances at the beginning of the paroxysm. In the cases referred to above, the attacks occurred at a time when all the functions of the body were in perfect order.

Fraentzel suggests that in addition to the above rules the effect of our therapeutic measures will also aid in diagnosis. If *morphine* quiets the attack, it must be due to a condition of excitement, but if there is paresis of the vagus then *digitalis* in moderate doses will allay the paroxysm. In many cases, however, both *morphine* and *digitalis* are without effect.

"*Prognosis.*—The prognosis of the disease is very doubtful, especially at the beginning of a paroxysm. The unfavourable factors are—a tendency to syncope, extensive pulmonary congestion, great præcordial pain, and the unstable condition of the heart at the end of a long attack.

"Of the 27 cases under consideration 8 died, 2 or 3 were apparently cured, and the others remained always liable to

attacks, with possible termination in collapse, syncope, or fatal pulmonary congestion.

Treatment.—In the treatment of essential paroxysmal tachycardia we have to consider, first, the management of the paroxysms themselves, and second, that of the intervening periods, with a view to prevent their recurrence.

“During the paroxysm the patient should rest in bed, as syncope is always a possible accident. All movement and exciting emotions should be avoided. The patient should not get up too soon after a long attack. Great caution should be exercised in examining the heart; in two cases percussion of the præcordia caused the return of a paroxysm.

“The medical treatment is not very satisfactory

“One patient was able to delay the paroxysm by taking a deep inspiration and then suspending breathing as long as possible. Another could arrest the paroxysms by swallowing cold water or hot coffee.

“Compression of the vagus in the neck, at the level of the thyroid cartilage, was successful in slowing the heart in several cases. In one of these cases the carotids were also compressed and the patient fainted. Afterward the carotids were avoided, the pressure being applied behind them, and the attacks were arrested. Brieger tried this method in his case, and was able to reduce the pulse from two hundred and fifty beats to eighty in the minute. The effect, however, was only temporary, during the continuance of the pressure. Pressure in the right ovarian region also slowed the pulse, causing at the same time marked cyanosis.

“The occurrence of icterus was without effect on the pulse in one case; while in another patient, who suffered from tachycardia associated with aortic disease, the development of icterus twice reduced the pulse from two hundred and twenty to forty beats, the pulse rising each time upon the disappearance of the icterus.

“Electricity is sometimes of service, one pole being applied to the back of the neck, the other to the trunk of the vagus or to the præcordia.

“In endeavouring to prevent the recurrence of the paroxysm our chief reliance is in hygienic measures. The patient should avoid all over-exertion, whether of mind or body. He should entirely abandon the use of tea, coffee, alcohol, and tobacco, or at least use them only in great moderation. The digestion should be carefully looked after, and iron given in case there is anæmia.”

DISEASES OF CHILDREN.

THE INFLUENCE OF ALCOHOL ON CHILDREN.—It is a subject of remark by all visitors to the Continent how freely alcoholic beverages are administered even to young children. We have seen infants fed with sponge fingers soaked in wine, and small boys drinking beer with their elders in a way quite shocking to the happily unaccustomed Englishman. The seriousness of this growing custom seems to have attracted the attention of members of the medical profession across the channel. Professor Demme presented an important address* on this subject at the fifty-sixth anniversary of the University of Berne. We abstract a few of the facts advanced by the author and recommend a perusal of the pamphlet to our readers.

Of 27 cases where the height was found to be considerably below the usual average, 19 instances were early, regular, and considerable consumers of alcohol. Upon the discontinuance of the stimulants a notable increase in growth took place. Dr. Demme avers that epilepsy, chorea and other nervous conditions may owe their origin to the alcoholic poison. In proof of so serious an allegation he advances cases which leave no reasonable doubt in the mind of the candid critic. In one case of chorea the evidence amounted to a demonstration. An anæmic child was treated with alcohol by its parents; after some weeks severe chorea set in; on leaving off the alcohol and administering *arsenic* the patient got well. On two subsequent occasions the resumption of the alcohol was followed by a return of the chorea, and after the alcohol was finally left off no recurrence of the disease took place. Two series of experiments in boys of 10 and 15 years of age, were made by administering to them respectively 70 and 100 grammes of a light table wine in water at dinner and supper. Alternate periods of a few months abstinence and imbibition lasting over a year and a half, made it evident that during the periods of indulgence the boys were duller, more sleepy, less capable of mental exertion, and that, above all, their sleep was more broken and restless and less refreshing. The boys themselves requested that the wine might be discontinued.

The most weighty indictment against alcohol is its hereditary influence on the children of excessive drinkers. Of 57 children (from 10 families) of whose parents one or both drank heavily, there died in the first weeks or months of life no less than twenty-five; six children were idiots; the growth of five of the number of children was so much retarded as to amount almost to dwarfing; five children became afflicted with epi-

* *Über den Einfluss des Alkohols auf den Organismus des Kindes.* Pp. 68. Prof. Dr. R. Demme, Stuttgart. 1891.

lepsy ; one boy had severe chorea, leading to idiocy ; and five children had some congenital affection—hydrocephalus, hare-lip, or club-foot. Two of the epileptics were heavy drinkers of alcohol, and the epileptic attacks came in immediate connection with acute alcoholic intoxication. Of the total of 57, only 10 (17½ per cent.) were normal and healthy children. Of 61 children of other 10 families in whom there was no history of alcoholism, four died in infancy from maladies due to debility ; four suffered during later childhood with curable diseases of the nervous system ; only two had congenital defects—leaving 50 (81.9 per cent.) of healthy normal children out of 61.

NOCTURNAL INCONTINENCE OF URINE.—Dr. E. T. Adams, of Toronto, reports (*Med. Adv.*, Feb., 1892), two cases in little girls.

“ Case I.—A child of nine years, afflicted with enuresis nocturna, complains of pain in small of back, difficulty in passing urine by day, often and easily excoriated about genitals. Urine offensive and quickly becomes thick and slimy. During examination, the mother remarked “ that she would have a chill at night before urinating, at others would wet the bed without her knowledge.” On the symptom “ shuddering over the whole body, with desire to urinate,” she received three doses *hypericum* 200 and a month later the child was to all appearances well. A year and a month have now passed, and a few days ago I was informed that she continued well and hearty, with no return of any of above symptoms.

“ Case II. was cured of this distressing habit, and at the same time of an eruption about genitals—great itching and irritation, particularly in vagina—by the use of *sepia* 200, and after two months of *sepia* 6 m. In her case, wetting the bed always occurred in her first sleep. This symptom is strongly characteristic of *sepia*, and, with the eruption and itching, chiefly led to the selection of *sepia*.

“ I noticed in our late *Journal of Homœopathics* two cases of chronic tonsillitis cured by *sepia*, which was selected largely on this symptom, ‘ wetting the bed in first sleep.’ ”

EDWIN A. NEATBY.

NOTABILIA.

ANNUAL HOMŒOPATHIC CONGRESS.

THE Congress will meet this year at Southport, on Thursday, September 22nd, under the presidency of Dr. Ramsbotham, of Leeds. It is hoped that as many as can possibly attend will make a point of doing so. The Hon. Secretary (Dr. Dyce Brown) again requests that all practitioners whose

names are not in Keene and Ashwell's Homœopathic Directory, and who wish to receive a circular of the Congress, will send their names and addresses to him without delay.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY AND HOMŒOPATHY.

We learn from our contemporary, the *New York Med. Times*, that Dr. J. B. Roberts, in his presidential address, advocates the abolition of medical sectarianism in the following remarkable language:—

“The Philadelphia County Medical Society should be liberal enough in its policy to accept as a member any physician whose education and personal character make him a fit associate for intelligent men. Let the test be not the school or college from which he received his diploma, but an education enabling him to understand and appreciate the science of medicine, coupled with an honest purpose to treat his patients by all means or methods which experience, investigation and research show to be serviceable. His political, religious and social beliefs or affiliations should not disqualify him; nor should his opinion that in similars the physician will sometimes find a remedy of value in the treatment of disease.

“There are those who believe that in ‘like cures like’ is found the only and the universal law of therapeutics, but their number is increasingly small. Those in this city who practise only in accordance with this exclusive dogma can probably be counted on one’s fingers. A pretty extensive study of the literature of sectarian medicine has convinced me that the time has come when we should say to all educated and honourable physicians of this city, even to those who have graduated from sectarian medical institutions, ‘The Philadelphia County Medical Society is open to you to become members, if your beliefs do not necessitate the “rejection of the accumulated experience of the profession and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.”’

“I know that this has always been the unspoken attitude of this Society’s law; but it needs to be said loudly and openly. Church unity is the aim of the religious sects of the day; medical unity should be the aim of professional societies.

“It is unreasonable to expect physicians, whose boyhood and early professional life have been spent in the atmosphere of sectarianism, to make a formal public recantation. Acquiescence in the results of scientific therapeutics is all that should be demanded of them.”

The spirit of this overture is certainly liberal and conciliatory, even though the President’s view of the importance

of the rule of similars in the minds of homœopaths is inadequate, and the terms of his proposal a little vague. What may be meant by the "rejection of the accumulated experience," &c., is not very clear. No man is called upon to accept *all* the accumulation of beliefs and practices of many minds in bygone ages or latter-day "orthodoxy." No homœopath ever wishes to reject the "experience" and "aids" which will really benefit his patients. Therefore, if Dr. Roberts's proposal is carried out, the portals of the Society are wide open, and one of the chief causes of "sectarianism" (in Philadelphia) removed. The results of such a step would be far-reaching, and we shall look with interest for the reception the proposal meets with. The step is one which must be taken sooner or later—the sooner the better.

Conceived in the same spirit of liberality is the following:—

"In the requirements for the degree of the College of Physicians and Surgeons, Chicago, we observe that *any physician is accepted as preceptor who is recognised by the State Board of Health*, and no discrimination is made against any medical college as being 'irregular.'"—*Med. Era*.

A NEW HOMŒOPATHIC COLLEGE.

THE *Medical Era* (May) says:—

"Kentucky will present the country with the next new homœopathic medical college. It will be located at Louisville. Dr. C. P. Meredith, of Eminence, is Dean of the faculty; and Dr. Allison Clokey, of Louisville, is Secretary. The name will be the 'Kentucky Homœopathic College and Hospital.'

"The rapid increase in the number of homœopathic medical colleges that is taking place has a meaning. Such things do not come by chance. It means that homœopathy is spreading; that there is a growing demand for homœopathic physicians, particularly in the South; and that the men who compose the faculties of the new schools feel that they are called upon to help to supply the demand."

BERLIN AND HOMŒOPATHY.

"A HOMŒOPATHIC HOSPITAL.—The Berlin Society of Homœopathic Doctors, in conjunction with several other homœopathic societies, have recently petitioned the magistrates of Berlin to establish a special homœopathic hospital, or at least to set apart a ward in one of the city hospitals for patients who wish to be treated homœopathically. The magistrates have resolved to reject this request on the ground that it is not expedient to establish a special hospital for the adherents of a special therapeutic system deviating from that of modern medical science."—*The Lancet*, April 30th, 1892.

FOLKESTONE HOMŒOPATHIC DISPENSARY.

SECOND ANNUAL REPORT, 1892.—During the year 844 patients have been under treatment, an increase upon the first year of 186. 811 of these were attended at the dispensary, showing a total of 1,856 consultations. 27 were attended in their own homes, and six being infectious cases, were attended at the Sanatorium. To these 88 cases 234 visits were paid.

The majority of these were medical cases, but there were also a few surgical, one being a fracture of the forearm.

The greater number were either cured or much improved. There have been four deaths, two children under one year from malnutrition, one from phthisis, and an aged female from "senile decay."

The income for the year shows a slight increase on the previous year.

Commenced as a private dispensary by Dr. Murray, the institution is now transferred to a committee, Dr. Murray acting as medical officer. Under these new circumstances, we hope it will be productive of greater benefits and better results than ever.

EASTBOURNE HOMŒOPATHIC CONVALESCENT HOME.

THE Annual Meeting of this Institution was held at the Home on Monday, May 23rd, J. Pakenham Stillwell, Esq., Vice-Chairman of the London Homœopathic Hospital Board of Management, being in the chair. A considerable gathering of friends and supporters was present. The balance-sheet was read by Mr. G. A. Cross, who pointed out that a slight falling off in annual subscriptions had occurred. During the year the donations were about the same as previously, with the exception of one handsome donation of last year. The expense per head of patients was stated to be 19s. 8d., including outlays of every kind; per head of total inmates (including the working staff) the cost was 15s. 8d. weekly.

The report pointed out that the Home had received since its opening in August, 1888, 580 persons, and during the last 12 months 180, including 82 nurses from the London Homœopathic Hospital. The report alluded in feeling terms to the loss sustained by the Institution through the death of Major Wm. Vaughan-Morgan. An application was made by the authorities, and ably advocated by Mr. G. A. Cross, for funds to extend the work of the Home to men patients. £2,000 were required. He said that the Home was at the present moment a one-sided institution. When Major Vaughan-Morgan set out to establish a Convalescent Home in East-

bourne—and he followed as closely as he could in his footsteps—they distinctly understood, and he was sure the chairman would bear him out, that it was to be a Convalescent Home for men, women and children. Their first announcement was made to that effect. In the circular in which they asked friends to contribute, that statement was made. It was not till they got this House that it was pointed out to them that the building was utterly unsuitable for the accommodation of men and women patients, and they were obliged to defer that part of the plan. Sooner or later—sooner, he hoped—the Home should be extended for the accommodation of men patients. For that reason, he thought in their feeling of sorrow at the death of Major Vaughan-Morgan, that the best they could do was to give some practical effect to that feeling of grief by doing something to provide that which he wished to have. Of course there were many Convalescent Homes for women. He should be the last to say there were too many, but he was perfectly convinced that for men there were too few. If they could see, as he often did, men come out of the hospital still feeble, and yet anxious to get back to their work, and then in a little time find them back in the wards, they would feel that it was essential that there should be in connection with that Institution a department in which men could be taken care of until they were completely restored.

A resolution in favour of this was supported by Mr. H. W. Tinne, by the chairman of the meeting, and by the Mayor of Eastbourne. The chairman expressed his willingness to head the list by 20 guineas, and the Mayor expressed his pleasure at being present and promised to subscribe to the institution. Major Ross proposed votes of thanks to the various officers of the Home, which were carried unanimously.

After the passing of a vote of thanks to the chairman the proceedings terminated.

RETALIATORY LEGISLATION.

FRANCE and Switzerland have, within recent years, made it almost impossible for foreigners, however good their qualifications and however high their standing in their own country, to practise medicine in the lands mentioned. In all probability this legislation will react unfavourably, especially in the case of health resorts, by preventing English people and English money from finding their way there as freely as formerly. From the *New York Medical Record* (April 16) we learn that retaliatory legislation is being attempted in New York State, chiefly with a view to prevent foreign hospitals in the State from importing house physicians from foreign countries. The

Record acknowledges that the evil or injustice of this practice (if it be such) is not of sufficient magnitude to justify legislation, but approves of the measure on the ground of "reciprocity."

PLASTER-OF-PARIS FORMULÆ.

1. **TO MAKE PLASTER SET HARD.**—Mix best plaster-of-Paris with about ten per cent.—more or less, according to effect ascertained by preliminary experiment—of very finely powdered marble (calcium carbonate). Or add to it about six per cent. of powdered alum, or about the same amount of ammonium chloride, before mixing it with water. A small portion of common salt will answer the same purpose.

2. **TO MAKE PLASTER SET MORE SLOWLY.**—Mix it with two to four per cent. of powdered althæa root before adding the water. This not only retards the hardening of the plaster, but also enables it to be cut, filed, sawed, and turned. An addition of eight per cent. of althæa powder retards the complete setting of the plaster for about one hour, so that the mass can be used for any purpose where it is to remain plastic during at least a portion of that time.—*American Druggist.*

POSTAL REFORMS.

A NUMBER of representatives of influential newspapers and journals, last year, waited upon the Postmaster-General to ask for the following postal reforms. These alterations having been practically promised by the late Postmaster-General, a fresh application is to be made to Sir James Fergusson to petition for:—

(1.) The abolition of the Press Censorship by the Post Office as to "news."

(2.) The abolition of all restrictions as to quantity of advertisements given in a newspaper.

(8.) The extension of the time between the dates of publication which is required to entitle a newspaper to be "registered," and thus go through the post at the halfpenny rate.

OBITUARY.

WILLIAM VALLANCEY DRURY, M.D.

WE regret to announce the death, at Bournemouth during the last week of April, of Dr. Drury, formerly of London.

WILLIAM VALLANCEY DRURY, the son of an officer in the army, and the descendant of an old and distinguished English

family was born at Sandymount, near Dublin, in 1821. He studied medicine at the University of Edinburgh, where during his undergraduate career he was a clinical clerk to Professor Henderson. He mentioned on one occasion that the last two patients he bled were patients of Professor Henderson ! After taking his degree in 1842, he settled for a time in Dublin, where he lectured on *Materia Medica*, at the Park Street School of Medicine. His career here was limited to two years, and he then entered on general practice in Darlington. The climate proving prejudicial to him, he removed to London in 1850, first residing in Maida Vale, and afterwards, and until he retired from practice, in Harley Street, Cavendish Square.

His attention, while in Edinburgh and also when in Dublin, had been drawn to homœopathy, but he had never regarded it, save as it were academically, until, on commencing practice in London, he made the acquaintance of Dr. John Epps, Dr. David Wilson and Dr. Chepmell. Under the direction of the two latter he made a practical, clinical study of Hahnemann's method, and with the usual result. In 1854 he was admitted a member of the British Homœopathic Society, for which, as secretary, after the death of Dr. Rutherford Russell, he performed very valuable service. Subsequently he filled the office of vice-president, and in 1882 was elected president, being re-elected in the following year.

In 1855 he joined the staff of the London Homœopathic Hospital, first as physician-accoucheur, and afterwards taking charge of the children's ward. In 1876 he delivered a course of four lectures at the hospital on the acute diseases of children.

After the death of Dr. Madden, the chairman of the committee appointed by the British Homœopathic Society to prepare the *British Homœopathic Pharmacopœia*, and under whose direction the first edition was published, Dr. Drury was appointed in his place, and, with the assistance of Mr. Wyborn and Mr. Franklin Epps, prepared the second and third editions.

About 10 years ago he retired from practice, and, leaving London, made Bournemouth his residence. Here he threw his energies into evangelistic and philanthropic work. The various societies there devoted to these objects will greatly miss his ever ready counsel and assistance. Among these were the Young Men's Christian Association, the Cairns' Memorial Home, the Colportage Association, the Hahnemann Home, the Bible Society, the Moravian Missions, and almost the last business he transacted was connected with the Leper Home, established by the Moravian Church at Jerusalem.

Dr. Drury's health had been failing for a year past, when about three months ago he had a sharp attack of epidemic influenza, followed by pulmonary congestion and cardiac failure. As he rallied from this, indications of extensive ulceration of the cardiac end of the stomach presented themselves, and after struggling against the exhausting consequences of this condition for several weeks, he passed away.

A kind hearted, useful man, his loss is deeply felt in Bournemouth, and when his remains were laid to rest in the cemetery of the town, they were followed by Drs. Nankivell, Hardy, Frost, Frazer, and Haslam, by 40 members of the Young Men's Christian Association, many of his co-workers in other societies, together with a large number of friends anxious to show their sympathy and friendship for one who had left so many tender memories behind him.

W. CLARE, Esq.

THE *Yorkshire Post* of the 2nd ult. contains the following announcement:—"The death took place at Morecambe, on Friday night, of Mr. William Clare, M.B.C.S., L.R.C.P., who up to a few years ago was very widely known in Leeds. After passing a distinguished course at the Manchester Medical School, where many of the prizes offered for competition in each year fell to him, Mr. Clare commenced practice in Aston-under-Lyne in the year 1856 as a homœopathic physician. About ten years afterwards he removed to Leeds, where he remained in active practice, in Park Square, until about six years ago, when he retired, and was succeeded by his son-in-law, Dr. Stacey. Mr. Clare, who had a very extensive practice in Leeds, and the West Riding, for many years had the reputation of being in Yorkshire one of the most noted followers of Hahnemann, and his advice was extensively sought. He was a man of a quiet, retiring disposition, genial in company, well read, and intellectually accomplished, patient and persevering in his profession, and of a benevolent nature. For many years he was associated with the temperance party, and took a prominent part in the introduction and furtherance of the Blue Ribbon movement in Leeds. Mr. Clare, who was 68 years of age, had been in indifferent health for some few years back, and had passed his time largely in seeking change of air and scene. He was seized with a serious illness on Thursday, and, as already stated, died at a late hour on Friday night."

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Communications have been received from Dr. DUDGEON, Dr. BURFORD, Dr. GOLDSBROUGH, Mr. KNOX-SHAW, Mr. HURNDALL, Mr. CROSS, LIQUOR CARNIS CO. (London), "PEARSON'S WEEKLY" (London), Dr. J. D. HAYWARD, Dr. ELLIS (Liverpool), Dr. LAMB (Dunedin, N.Z.), Dr. P. WILDE (Bath), Dr. ALEXANDER (Plymouth), Dr. MACKECHNIE (Bath), Dr. MURRAY (Folkestone).

Dr. MURRAY, of Folkestone, has consulting hours at 10, Cannon Street, Dover, on Tuesdays at 3.30 p.m.

ERRATA.—For guma read gumma, p. 290 (May). For Victor Horsely read Horsley, p. 290 (May). For Vol. III. read Vol. IV., p. 290.

NOTICE.—Dr. THOMAS WILSON, of Scarborough, requests us to mention that he has removed from the Grosvenor Road to "Underwood," Fulford Road.

BOOKS RECEIVED.

The Homœopathic World. London. May.—*The Chemist and Druggist.* London. May.—*The Magazine of Pharmacy.* London. May.—*The Palmist.* London. May.—*Modern Medicine.* London. May.—*North American Journal of Homœopathy.* New York. April.—*The American Homœopathist.* New York. May.—*The New York Medical Times.* May.—*The New York Medical Record.* May.—*The Chironian.* New York. April.—*The New England Medical Gazette.* Boston. April and May.—*The Hahnemannian Monthly.* Philadelphia. May.—*The Homœopathic Physician.* Philadelphia. May.—*The Medical Advance.* Chicago. April.—*The Medical Era.* Chicago. May.—*The New Remedies.* Chicago. April.—*Minneapolis Homœopathic Magazine.* April.—*The Homœopathic News.* St. Louis, Mo. April.—*The California Homœopath.* San Francisco. April.—*The Homœopathic Envoy.* Lancaster. May.—*Bull. Gén. de Thérapeutique.* Paris. May.—*Revue Homœopathique Belge.* Brussels. February.—*Leipziger Pop. Zeitschrift für Homœopathie.* May.—*Gazetta Medica di Torino.* May.—*Omiopatia Rivista.* Rome. April.—*Homœopathisch Maandblad.* The Hague. May.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

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SAPRÆMIA AND SATURNISM.*

BY EDWARD BLAKE, M.D.

MR. PRESIDENT AND GENTLEMEN,—I hold in my hand the best drug-proving† that has emanated from the pen of any member of the dominant school, that is as far as my knowledge of the subject reaches. It should be on every physician's bookshelf; it is well worthy of your patient study. For the sake of my busier brethren I have made a careful condensation of the more important portions. In this labour of love I have had the valued aid of the author himself and of some of the leading neurologists of our day.

The first point that arrested my attention was the curious similarity which exists between the effects of *sepsis* and the results of saturnism.

It is strange that such entirely dissimilar substances as the metal lead and septic matter should closely resemble each other in action.

Dr. Oliver, at p. 102 of his classic work on *Lead Poisoning*, following Bouchard, suggests very pertinently that the apparent results of plumbism may be really due

* Read before the British Homœopathic Society, Thursday, June 2, 1892.

† *Lead Poisoning*. By Dr. Thomas Oliver, of Newcastle-on-Tyne.

to the action of katabolic products retained in the economy on account of the effect of lead on those great emunctories the liver and the kidney. This would readily explain the resemblance. As against it we must remember that *sepsin* and lead have been known to act as antidotes to one another.

If it be true that they coincide so closely, then the fact serves to confirm the truth of the conclusion that micro-organisms do not react *per se* on the tissues which they invade, and to make it still more probable that they exert their influence by means of toxins which they produce from normal proteids.

This view, you will remember, was advanced by M.M. Roux and Yersin as early as 1888. It has received a complete confirmation at the hands of Martin, in his publication on diphtheria, reported in a recent number of *The Lancet*.

Both *sepsin* and lead seem to strike a terrible blow at nutrition, not alone by disturbing digestion, and inducing a series of dystrophies *via* the nervous system, but by modifying in the most profound manner the hæmato-poiëtic function of the bone-marrow.

The extreme pallor of septic and of saturnine subjects, bears witness to the fact that a steady osteo-myeloid degeneration goes on in both classes.

Until quite recently, lead was looked upon as a direct muscle-poison.

This view has been disturbed by a number of considerations.* To begin with, the symmetry of the palsies induced by lead suggests a dianeurotic action. Again, certain groups of muscles are specially selected. It is rare to see the supinator longus affected. Like the biceps, it is a flexor of the elbow, and, to render concerted action easy, the ganglia of its motor roots stand in a higher segment of the spinal cord than those of the extensors of the wrist.

Lead encephalopathies point to a primary nerve-centre action.

Again lead and *sepsin* appear to possess the property of putting to sleep the inhibition centres of the heart and of the uterus.

* Heubel has shown that, with equal weights of material, the muscles are, of all the tissues of the body, those which contain the smallest quantity of lead in saturnine poisoning.

These organs are then prone to run riot, leading in the case of the heart to tachycardia;* in the uterus to dysmenorrhœa on the one hand and to premature birth on the other.

These are in themselves strong testimonies in favour of a pernervous method of attack.

Add to them, that there are some reasons for supposing that lead, like *sepsin*, has the power of paralysing the vaso-motor nerves of the kidney, thus causing an excellent imitation of adolescent Bright's Disease (orthalbuminuria). This is the kind of albuminuria to which tall boys are particularly prone, if the vertical posture be assumed early in the day, especially when fasting. A typical example is afforded by the celebrated Rugby cases narrated in *The Lancet* of 1891.

The changes induced by lead in the kidneys are, whilst superficially resembling those of *septime*, of a far graver character. The typical lesion is nephritis, first of parenchymatous type, presently succeeded by an interstitial form of most hopeless and destructive type. There is an increased exudation of leucocytes under the renal capsule and around the afferent vessels of the Malpighian glomeruli. Bowman's capsule becomes thickened, and the laminated cells which make up its internal lining are greatly multiplied, and lie in irregular heaps inside the capsule. Hypertrophic arteritis is seen here as in the eye, reminding one of the same double change in gout. As the kidneys cease to eliminate, of course peril to life begins.

It has been hinted that *septime* and *lead salts* still further resemble one another in producing an entirely different group of symptoms in the two sexes. It was supposed formerly that women are less prone than men to suffer from plumbism. This error arose evidently from the want of recognition that the stress of the poison falls in man on the motor apparatus, in woman it tends to disturb the nervous system.

I do not propose here to notice the symptoms of acute sepsis as it appears in women. We know its charac-

* 1. Minute doses of degraded tissue material form the normal stimulus of the heart-exhilaration from exertion. 2. Larger doses over stimulate the heart—athletic sleeplessness. 3. Overdoses cause profound sopor—toxic coma of uræmia and of over-exertion.

teristic phenomena too well under the name of "child-bed fever."

Thanks to the general spread of a knowledge of hygiene, to greater cleanliness and to the world-wide acceptance of the leading principles of Listerism, puerperal septicæmia—an entirely preventible disease—happily for us, is daily becoming more rare in civilised communities.

Just as it is evident that we should not care to select a time of war to study the distinctive elements of a race of human beings, in like manner the physician, seeking to learn the uses of lead and of *septicine* for curative purposes, would gain little by the study of cases of acute poisoning, because the conflicting symptoms are too complex and too chaotic to be of service.

A patient investigation of the common signs of passive pyæmia (chronic) will reward us amply by a flood of unexpected light on many a puzzling case. Can we not each one of us look back upon some past scenes, with the annoying and mortifying sense of having groped in the dark, vainly desiring to chance on some clue, however slender, to enable us to thread the darker labyrinths of pathology?

Disregarding the rarer and more recondite results of *sapræmia*, we will glance quickly at the ordinary phenomena of passive pus-poisoning in a female patient.

As the subject of septic absorption enters the room, we are struck first by her death-like pallor. There are exceptions, some women become sallow, some bronzed, so as to resemble a case of Addison's disease or one of the other disorders connected usually with xanthelasma, others present discrete spots of melanosis, the favourite sites being the forearm and the face.

Acne rosacea will follow pyorrhœa alveolaris, and vaginal xanthorrhœa is often associated with pustules on the chin (*acne menti*).

The rose spots on the abdomen of an enteric patient are probably of the same nature. It will be remembered that they do not appear during the first week of the disease, in other words, till there is time for the establishment of necrosis in the neighbourhood of Peyer's patches.

Under the influence of lead the features become blunted and expressionless. On examining the blood,

whilst there is no increase in the proportion of white cells to the total blood mass, the red cells notably decrease in number. The colouring matters fall as low as 45 to 50 per cent. There is an arrest of hæmatopoiësis, as in septic invasion. Lead has been found in the marrow of the bones. Raimondi found atrophy and degeneration of the bone marrow as in male gonorrhœa. This is the most frequent condition. As serving to show that the action of lead on the womb is not direct, the menses may be either greatly augmented or sensibly diminished in quantity.

Extreme thirst is seen in animals poisoned by lead.

In old cases of septic invasion the corner of the mouth is prone to show a fissure. This cracking of the lip-commissure appears preferentially on the side of decubitus. It is not quite so insignificant a matter as might at first blush be thought, for the act of opening the mouth becomes so painful that the patient would cease to eat unless the corner were protected. A strip of adhesive plaster serves sufficiently well for this purpose. I have in these cases tested the saliva both before and after food; I have found it acid even when escaping from the salivary duct, antecedent to its admixture with the mucus of the mouth. Lead too diminishes the alkalinity of the blood (Ralfe, Oliver.) It is possible that the mere subalkalinity of the blood which passes through the cortex may induce various psychotic phenomena as ill-temper, headache, despondency, chorea or epilepsy. We have seen how much the last of these is influenced by the various salts of *sodium* and *potassium*. This property, possessed by the alkalies, of modifying some nerve storms, may depend on mere chemical action rather than on any specific relation to the pathological condition. The advent of the epileptiform convulsion is aided doubtless by the contracted state of the cerebral arterioles.

Epilepsy, not unusual as a result of lead-poisoning, is not ordinarily recognised as a septic symptom. Professor Wood, of Michigan University, has narrated the particulars of a case, and I have myself placed two on record. One showed petit mal associated with depravity, the other genuine epilepsy.

Recurrent nettlerash, as well as lichen urticatus, especially the post partum form, should lead us to search

for septic intoxication and to take immediate steps for its remedy.

Hyperhidrosis of the hands, the feet and the axillæ is by no means uncommon in sepsis. Compare this with the localised sweats observed by Dr. Kent Spender in the course of osteo-arthritis, also with the experience of Dr. Bowlan, of Newcastle, who found in a female subject of saturnism unequal radial pulses and persistent profuse perspiration of the left hand only.

Professor Bedson has twice detected lead in the perspiration. Dr. Spender has also pointed out various sensory perversions as occurring in the course of rheumatic gout, itself often septic in origin. Such are fulgaraceous pains of the lower extremity, a sense of tearing up of the skin, spots of anæsthesia and of hyperæsthesia. These are common in septic cases. They serve to show that rheumatic gout is not merely a disease of the joints. Rheumatic tremors, shared by lead patients, point in the same direction.

The extremities rise in temperature during the chondritic stage of rheumatic gout. *This increase in surface-warmth is general; it is not confined to the point of incidence of the arthropathy.* Afterwards the limbs are prone to be purple and chilled. The arterial tension is heightened at first by septine as it is by lead, and is followed, after the reactive dilatation, by the same increased vigour of ventricular contraction.

But there is a later stage in septic invasion where the systole is defective even to the extent of developing anginous symptoms, as I have more than once witnessed.

Mental solicitude and gloom are nearly always present in septic as well as in saturnine patients.

The memory is sometimes seriously impaired in sepsis. Drs. Oliver and Campbell Clark have reported this symptom in saturnism.

In the case of lead, nervous terror, sometimes with distinct delusions, and excessive restlessness have been recorded by Dr. Thomas Oliver.

For a full account of the lead encephalopathies I must refer my hearers to the splendid monograph which lies on the table.* They are chiefly hysteria, dementia, acute mania, epilepsy.

* *Lead Poisoning.* Oliver. Pentland, 1891.

It should be remembered that mania with hallucinations has followed a vaginal douche of lead, quite a common allopathic prescription.

Briefly, the commonest types of lead poisoning are :—

(a) Anæmia, blue line on gums, emaciation, sickness, dysmenorrhœa, headache, hysteria, unilateral clonus followed by epilepsy, unconsciousness, convulsions and death.

(b) Another type is headache, delirium, acute mania or else melancholia, imperfect speech, hard pulse, anuria and death : or recovery may take place with temporary or else permanent blindness.

(c) The third type is the neuro-muscular ; there may be colic ; numbness of one or more fingers or in the arms, with paralysis of some special group of voluntary muscles, not necessarily connected with impaired sensation, but always followed by rapidly developing muscular atrophy.

There is an excess of fluid in the cerebral ventricles and in the perivascular spaces. The brain is sometimes found abnormally dry, sometimes flattened by the pressure of the fluid.

The typical plumbic headache appears to be frontal ; in the four thousand two hundred symptoms recorded in Allen there are twenty-six frontal headaches, eight temporal, five parietal, and six occipital. This does not of course represent forty-five different provers, so that it may only mean that frontal headaches are commoner than others, or that the provers happened to be more prone to that kind of headache.

Lead, like arsenic, seems to have the power to induce fibrillary tremors of the tongue and the lips.

The septic tongue is peculiar, the type of acute sepsis being the enteric tongue, in chronic cases it may be coated, sometimes prenatually clean, with raised irritable papillæ. Sometimes very thin at the edge, often œdematous—showing the marks of the teeth. Anorexia is the rule in lead poisoning.

In acute sepsis, as after diphtheria, we may have pharyngeal paralysis ; in acute saturnism we get spasm of the pharyngeal constrictors, both are prone to be followed, at a later stage, by incoördination of the muscles concerned in swallowing.

Loss of appetite, resulting in emaciation, is common to both these poisonings. The so-called lead line is not of much use in diagnosing saturnism; a similar line is present in bismuth and carbon cases, a green line in copper poisoning. The line is said to be missing when the patient is in the habit of cleaning the teeth.

I have seen three cases of gastralgia, of six weeks', three years', and ten years' duration respectively, disappear on removing pus depôts.

The eye symptoms of sepsin present a superficial resemblance to those of lead, but there is a deep-seated difference.

Sepsin is very prone to produce supraorbital pain, sometimes symmetrical, more frequently sinistral, rarely on the right side. The lead headache is on the right side. Asthenopia is common to both lead and sepsin. The defective vision of sepsin is usually an accommodation error of temporary character; but permanent blindness from optic atrophy has more than once followed poisoning by lead. It is curious that sepsin appears to pick out the nervous and muscular structures and the choroidal coat. Lead first attacks the vessels (hypertrophic arteritis) of the retina. This has been verified by Mr. John Couper, of Moorfields and the London Hospital.

Once I saw lenticular cataract supervene in a man of forty, on ulceration of the gums, probably of specific character. Mr. Juler, of St. Mary's, tells me that he has seen cataract co-existing with intraoral suppuration. Lead, of course, is one of the principal remedies for post-diphtheritic amblyopia. Septic increase or arterial tension may intensify myopic changes.

Ten provers of lead had *tinnitus aurium*, which is a common symptom of sapræmia.

Tanquerel alludes to laryngeal palsy. Morell Mackenzie points to lead as a cause of paralysis of the adductors of the vocal cords.

We have seen that sepsin appears to possess the property of causing pain in the terminal twigs of the anterior or ventral branches of the fourth, fifth and sixth dorsal nerves.

Lead, on the other hand, selects in preference the same portion of the tenth and eleventh intercostals.

Just as sepsin will induce pain by preference in the

left supraorbital branch of the fifth cranial, so lead causes a tetanic cramp of the left rectus abdominis supplied by the tenth and eleventh dorsal nerves.

This tonus of the rectus has been erroneously described as "lead colic." Similarly perineuritis saturnina, because it is usually seen in the same locality, has been mistaken for colic. These forms of pain are distinguished by being relieved and intensified by pressure respectively. Whilst both are probably purely parietal, and though they may alternate in the same subject, they demand widely differing methods of treatment.

The parietal tonus (tetanic cramp of rectus abdominis) is analogous to the false pains which precede labour. If the lead worker be pregnant she is prone to miscarry, not because lead is a stimulant to the genital muscles but more likely because it has the property of abolishing the inhibitory function of a uterine centre, presumably near the site of the vagal nucleus. So sudden and violent are the uterine contractions which sometimes follow the introduction of lead into the system that a doe rabbit had a large rent torn in the uterine wall. The soothing of this centre by various agencies; as sepsin, shock, lead, carbon disulphide, cocculus, savine, quinine, and ergot, may lead to vaginismus and dysmenorrhœa in the case of an unimpregnated woman, and abortion in the gravid state. In the whole range of therapeutic agents there is probably no drug better proved than *plumbum*.

It seems to me that lead has not had the amount of care bestowed on it as a pelvic remedy which it deserves. Of course it has been viewed as a stimulant of the muscular fibres of the utero-vaginal tract. I have shown that it does not probably act on these at all but that it paralyses their centres of control above the cord, possibly in the medulla.

It has always been a problem why artificial anæsthesia does not necessarily delay labour, we have here a simple solution of the matter.

There are some points about the so-called "colic" of lead to which I should especially like to draw your attention, because they afford very valuable keys to its successful employment as a remedy.*

* What is said on this subject by Dr. Oliver at p. 38, *et seq.*, is especially noteworthy.

I have found *plumbum* to be of great service in relieving the nocturnal colic of old age.

The possibility of the presence of afferent fibres in the phrenic has been demonstrated so that we may now regard it as a nerve of more complex character than was once supposed.

Drs. Pearson Irvine and Wm. Pasteur have recently shown that death from diphtheria, especially in boys, often come from paralysed phrenic. This is interesting, as showing another point of contact between pus and lead poisoning, for phrenic palsy occasionally closes the scene in acute lead poisoning.

In lead poisoning intercellular hepatic cirrhosis, resembling the condition which is recognised in cases of congenital syphilis, appears to be one of the most constant lesions. We should, therefore, look upon lead, after carefully putting out of court the possibility of plumbism, past or present, as one of our sheet anchors in dealing with intercellular, *not interstitial*, cirrhosis.

The analogue in septic intoxication is lardaceous disease. In both cases the liver ceases to seize upon and change the various degenerative portal products, which now enter the general circulation and prove most pernicious especially to the nerve centres.

In lead poisoning muscles usually lose their faradic but retain their voltaic irritability, this fact naturally leads observers to class lead with curare as a direct muscle poison.

Dr. Oliver on this subject says:—

“There is a form of generalised paralysis of rapid development occasionally met with in lead poisoning. The muscles are paralysed in their whole length and *en bloc*, the muscles of any region sometimes within a day becoming absolutely powerless. Those who are the subjects of other forms of paralysis may thus suffer; in these the malady may invade rapidly, and in succession, muscles that had hitherto escaped. Sometimes, indeed, a generalised paralysis is induced, either in an ascending or descending form, which extends rapidly day by day, always invading the whole length of the muscles of the limbs, the trunk, abdomen, and thorax. The patient occupies the dorsal decubitus, unable to move a limb, and is even incapable of eating; the intercostals, the diaphragm, and the muscles of the larynx are involved.

The patient suffers from dyspnœa, and from loss of voice. The noteworthy feature in these cases is, that the muscles in the head and neck are respected. Rapid as is the development of this form of paralysis, it begins to amend just as rapidly; it is exceptional for death to come about by asphyxia, as occurs now and then in acute ascending paralysis. Whilst recovery is the rule, death has occurred by respiratory paralysis, as in the case reported by Strauss and Heugas.*

Such great authorities as Oeller, Romberg, and Erb claim the spinal cord as the primary seat of lesion in lead poisoning. The first had a case of a man aged forty-three, who worked in white lead fifteen months. After nine months the extensors of the left hand were paralysed. This soon disappeared. Three months afterwards he had complete paralysis of extensors, first left then the right side. The patient had œdema of feet, then general anasarca with albuminous urine. Death occurred from severe dyspnœa (phrenic palsy). Numerous capillary hæmorrhages were found in the central parts of the anterior cornua. Emaciation, especially of the dorsal muscles, is a marked symptom.

Tremors and fibrillary twitches, common in osteoarthritis, and possibly due partially to the effects of alcoholism with which most of the cases of chronic lead poisoning are complicated, have been described.

In diagnosing saturnine palsies, it is useful to remember that the thenar muscles, the first to go in most of the intracranial palsies, are rarely affected.

The peronei and the long extensors of the toes are affected, the tibialis anticus supplied by the same nerve escaping. The patient walks on the outer edge of the foot and especially complains whilst going up and down stairs. The peronei escape usually in anterior poliomyelitis (infantile paralysis).

Atrophy, whilst contemporaneous with paralysis in lead poisoning, follows it in embolism and in intracranial hæmorrhage.

Anæsthesia, local or general, so often present in the non-saturnine palsies, is rare in cases of lead poisoning.

Lead again prefers the extensors and the metacarpo-

* Heugas, *Contributions à l'étude de la Paralyse Saturnine*. (Page 54.)

phalangeal joints, for paretic manifestations, the flexors for exerting its painful effects.

A profound and inexplicable hydræmia should always arouse our suspicions of lead poisoning or of septic intoxication.

Lead palsies are often bilateral, but not symmetrical; they develop usually on the right side first.

Lead appears to prefer the middle fingers. Unlike pus, lead occasionally selects the ulnar side of the body, but the distribution of the musculo-spiral nerve is, as with sepsis, uræmia, and iodism, more frequently a favoured area.

The electric reactions of the lead patient distinguish him from the progressive muscular atrophy case in which reaction to faradism goes first, then voltaic response follows, the latter being retained in lead palsy.

If anæsthesia or analgesia occur, not as we have seen very common, it may be differentiated from the hysterical form by the fact that the saturnine subject readily and freely bleeds on wounding the surface. This is an important point, for lead poisoning is often called "hysteria."

Various motor ocular defects have been attributed to the action of lead, especially ptosis, diplopia, with and without obvious strabismus, nystagmus in the acute stage of neuro-retinitis.

Retention and incontinence of urine have both been reported to accompany lead poisoning.

The septic affections of the ocular, oculo-motor apparatus generally are familiar to us after diphtheria.

An aching myalgia is very typical of lead poisoning combined with "the fidgets" (anæmia of anterior cornua), reminding us of septic muscle-ache and of the actions of *actea racemosa*, of *arnica*, *eupatorium*, *baptisia* and *rhus toxicodendron*.

Gout and Lead Poisoning.

This paper would be incomplete without a brief reference to the relation of gout and saturnism.

Sir Alfred Garrod found that one third of his gouty cases had been poisoned with lead. This has been confirmed by such careful men as Duckworth, Brunton, and Haig.

Ten years ago I had the honour of reading a paper before this Society in which I described gout as an attitude of the nervous system which rendered it prone to fall an easy victim to depressing influences. Such influences being age, traumatism, mental solicitude, alcohol. To this list we may add the soluble salts of lead.

I have elsewhere shown a very curious generalisation, that the poisons which can induce an arthropathy in man may cause a neuro-psychosis in woman. This is true of uric acid and of lead. I have had under my care women who, when the uric acid was locked up, had hallucinations, hypochondriasis, myalgia, or glycosuria, on liberating the uric acid away went all these troubles. They did not get an arthritis as men would have done under similar circumstances.

If a man enter a lead factory he gets a disturbance of his locomotor apparatus. A woman gets a disturbance of her sympathetic or of her cerebro-spinal system.

This holds good even of alcohol which, in some forms and under certain conditions, liberates latent joint disease in man, whilst it is more prone to produce erythema and delirium followed by moral deterioration in woman.

Trades predisposing to Saturnism.

There is no doubt that many cases of lead and arsenic poisoning pass before us unchallenged. Lead may enter the body in an infinite variety of ways. Of course certain trades are especially prone to plumbism. Of the ostensible occupations I will not speak, but I will draw attention to a few which we may readily overlook: Leather cutters, from using a lead slab to cut on; brass workers, from having lead aprons on their "grip." Leather, such as is used for hat-bands, is sometimes dressed with lead. Pill and paper box makers, the glazed surface of smooth papers being produced by lead salts; the man who takes snuff from lead-wrapped packets. Tea is sent to England in boxes lined with lead. The tailor who holds his measuring tape between his teeth. Compositors and type dressers; the artisan who goes early to the public house to secure the first glass of beer, which has lain all night in the "compo"

pipe which connects the engine with the barrel reclining in the cool cellar; pewter pot polishers; those who drink water from a moor which has been shot over, and, of course, the purer the water the greater the peril. Dental plates, cosmetics and hair dyes, often contain lead salts; so do flour, egg powder, and tinned foods. Mr. Leonard Sedgwick tells me that the syrup of tinned fruits is often rich in soluble salts of tin, which cause a sharp attack of colic and diarrhœa for which probably we are consulted and we ascribe to that fatally easy factor "slight chill!"

All acid beverages, including sour milk, may accidentally contain lead, and champagne is purposely adulterated with saturnine salts, making it easy to understand the colic which occasionally succeeds a dance supper.

From immemorial times (Oliver, p. 13) wine growers have known that a harsh and acid wine may be materially improved in flavour by adding a little litharge. The endemic colic of Poitou, which broke out in 1592, and lasted sixty or seventy years, has in recent times, and probably with justice, been ascribed to adulteration with lead. I attended a wealthy family in Surrey, who were poisoned by a workman who, called to repair a slate cistern, left a pound of white lead in it and forgot entirely its existence, till some weeks afterwards, I found lead symptoms appearing and detected this source of lead poisoning.

For purposes both of diagnosis and of treatment I will venture to give a brief summary of our subject matter.

Seven days after exposure to lead poisoning a man is pallid or sallow and is seized with intolerable pain near navel, sometimes passing to the testicle, retracted abdominal wall, swollen red gums with or without the Burtonian line, constipation, scanty urine, unequal pupils, slow heart and incompressible pulse of about forty, with unequal radials, ischuria, accentuation of the second cardiac sound, with nausea, green vomit, headache and anorexia, we have to do probably with a case of lead colic and we cannot treat it on homœopathic lines, but we must give prompt relief by amyl inhalation and some suitable hypodermic injection, and then after-

wards proceed to eliminate the poison by large doses of *potassium iodide* and by electric baths.

I will now present a picture of typical plumbic pathology, arranged in chronological order—

1. Peripheral neuritis. (Ferrier.)
2. Ascending or centripetal neuritis. (Braun.)
3. Anterior poliomyelitis. (Vulpian.)
4. Multiple punctate spinal apoplexy of anterior cornua on cervical region (Egger); also in cortex (Ollivier).

5. Atrophy of anterior ganglia (Braun, Monakow); pigment changes and vacuolation (Egger).

A very curious sex differentiation is often seen. The changes are ascending in man and usually descending in woman. This does not always hold good, but it serves to reconcile some of the extremely divergent views as to the method of action of lead.

Finally.

We have to use the greatest caution in drawing deductions from a limited number of cases of saturnism, because it is especially the cold, ill-clad, badly-housed, starved, dirty, drunken, and dissolute who fall victims to lead poisoning. The cases are nearly always complicated either with uratosis or uræmia, with septic symptoms, with alcoholism, or with innutrition.

DISCUSSION.

Dr. DUDGEON was rather astonished to hear it said that the seat of the pain in lead colic was the abdominal muscles. In the case he had treated the pain seemed to him much deeper than the muscles, and the constipation seemed to point to the affection being in the bowels. He differed from Dr. Blake in his statement that lead was a well-proved medicine. The majority of the pathogenesies were derived from observation on workmen in lead factories or from poisoning cases, which generally gave not very pure effects. He had seen very marked paralysis of the forearms in a compositor. It always came on after he had been handling type, and got better when he left it off. One case of lead-poisoning he traced to a dental plate made by a third-rate dentist. He had not observed suppuration with the blue line. He suspected the reason why lead was not more used by homœopaths was the lack of reliable provings.

Dr. CLARKE had greatly enjoyed Dr. Blake's paper. He was not before aware of the analogy that existed between lead-poisoning and blood-poisoning. Referring to the difference of action of lead on the sexes, his experience did not coincide with Dr. Blake's contention. He mentioned the case of a woman poisoned by drinking soup in which paint had accidentally been put, in whom an exquisite form of rheumatism developed. Lead was a very deeply-acting medicine, and he had seen it accomplish wonders in the constipation of phthisical children.

Dr. COOK (of Richmond) said, in reference to Dr. Blake's statement that lead acted differently in the different sexes, that there could be no reason why the drug should act on nerve in one sex and on muscle in another. He thought it acted on the nerves—the vaso-motor nerves—in both cases, and the nerve which was the weakest in either case suffered first. In the case of abortion produced by working with bisulphide of carbon, the real cause was the deprivation of oxygen. He could quite understand brass-workers, who used "aprons" of lead, being poisoned by lead from the disintegration of the lead by the electric action between the metals. He explained how it was that iron door-mats did not rust, there being pieces of zinc in the corners which carried off the electric action of the oxygen. He said that Americans put into their syrups a very minute quantity of chloride of tin, which caused a much better colour to be retained. This, and not the tin dissolved by the syrup, was the cause of poisoning.

Dr. BURFORD did not think that Dr. Blake had made out the analogy between plumbism and septicæmia. He maintained there was a sequence in the symptoms in cases of blood-poisoning which did not appear in lead-poisoning. He wished there had been more of Dr. Blake's own observations in the paper. Dr. Burford referred to the presence of lead in linings of hats.

Dr. MORR wished to thank Dr. Blake for his paper, which, as far as lead went, was most interesting, but it did not fulfil its title of "Sapræmia, Saturnism, and Arsenication." As usual, there were several practical suggestions, such as Dr. Blake always brought forward, *e.g.*, the relations of the blue-line to suppuration, and the optic changes apart from kidney changes. With regard to the relation to *sepsin*, no mention was made of the distinguishing mark brought forward by Dr. Burdon Sanderson and afterwards by Dr. Drysdale when he introduced *pyrogen*, that *sepsin* was the only remedy which produced a definite fever.

Dr. STOPFORD (of Southport) said, in opposition to Dr. Burford, there was decided sequence in lead symptoms

beginning in cases he had seen with digestive symptoms, going on to spasm and fibrillary twitching in the muscles of the forearm.

Dr. GALLEY BLACKLEY had enjoyed Dr. Blake's paper, though he could wish that the paper, with such an immense amount of detail, had been in the hands of members beforehand. He should have liked, too, more of Dr. Blake's own personal experience. He had seen many cases of lead-poisoning in Vienna. The colic was most common. The men (furniture-polishers) used to come in every ten months. They received *opium*, and in a week went out cured. They had blue line well marked.

Mr. KNOX SHAW (in the chair) thought, in spite of criticisms, that he had heard a good deal of Dr. Blake's own observations in the paper, and more still in little asides. He thought the Society was immensely indebted to members who brought before it papers of this kind. He had never seen an eye case that was traceable to lead. He had expected an elaborate parallel between blood-poisoning and lead poisoning which would show that *sepsin* was indicated in the latter and *plumbum* in the former.

Dr. BLAKE said in reply: To Dr. Dudgeon, of course, the cause of the pain in lead colic might lie in the intestine, but the pain can with care be quite easily traced along the course of the 10th and 11th dorsal nerves. The pain of flatulent colic must be parietal, or the local means, viz., heat used to relieve it, would obviously aggravate it by increasing the volume of the incarcerated gases. Probably the chloride is the only salt of lead not decomposed in the body; Dr. Blake had certainly the best effects from the use of metallic lead. Dr. Blake entirely endorsed what had fallen from the lips of Dr. Cook. He held strongly that the ordinary arthropathies are neuroses, and that dermatoses are, in their initial stages, before germ invasion, usually neurotrophic changes. It therefore depends on the age, sex, condition, heredity, environment, &c., whether a nerve change, a joint lesion or a skin disorder shall result from any given morbid agency. Dr. Blake had recently put on record in February No. of *International Journal of Medical Sciences* a remarkable example of *arsenic* causing only rheumatoid arthritis for six years, instead of the ordinary nerve or skin changes which we associate with arsenicosis. He had also brought before the Medical Society a case of pus causing exophthalmic goitre, lichen urticatus on distribution of posterior cutaneous filaments of dorsal intercostals and double symmetrical chondritis of the tibial head.

ON UTERINE LESIONS.

BY EDMUND ALLEYNE COOK, L.R.C.P., &c.

THE so-called "specialist" is so often overburdened with his own science that he is only too apt to regard the organs about which he has cultivated special knowledge as having no true analogies with other body organs, and therefore his reasoning upon their ailments and deficiencies proceeds upon far too narrow a basis. In considering the subject of uterine ailments, I want to draw all attention possible to similar ailments occurring in other portions of the body, and try to ascertain if there be not some cause of failure or of ailing common to several organs, and, finding this, be able to better our knowledge of these especial troubles and the remedies likely to alleviate. For example, cases of prolapsus uteri come before us; can we not, by considering cases of prolapsus of other portions of the body—of the rectum or of the palate—get some rational idea of a common cause of prolapse; or cases of erosion of the os puzzle us; can we not find some similar lesions in other parts whose cause we can get at, and by further consideration deduce a common cause for all such lesions?

We mean by prolapsus uteri the descent of the uterus from its natural position in the pelvis, either slightly, or to such an extreme that it appears altogether outside the vulvæ, or anything between these two extremes; and we know that when the tendency exists the prolapse is apt to gradually increase unless remedies are applied. We know that this condition, although it sometimes exists in the virgin, is very common in those who have borne children; and, again, far more common among women in so-called civilised society than in their sister women of wilder races and habits of life. The liability of women to this trouble seems to be greater in proportion to the general laxity of the muscular fibre of the uterus and vagina induced by recent parturition. And it is also well known that it is not always accompanied by pain or discomfort; and, in seeking a reasonable theory of its cause, it would be unsatisfactory if it did not, to some extent, explain these and other differences. In seeking to cure this complaint there must always, so long as a clear idea of its origin is not appreciated, be a very con-

siderable want of success. To place in the vagina of a woman so afflicted an instrument to take the place of the natural supports is no cure, it is often not even an alleviation; and the use, or misuse, of the vast variety of pessaries has of late years greatly decreased, and as yet nothing generally satisfactory has taken their place.

The uterus and its appendages are supposed to be suspended across the pelvis by means of the ligaments. When these ligaments get long prolapse ensues; how simple then to cut a piece out, shorten the ligaments, and lo! the trouble should be ended. But this is not the result of such a procedure; therefore it must be sufficiently evident that the lengthening of the ligament cannot be the cause of prolapse, but one of the effects of *the cause*. In other portions of the body we have examples of prolapse; the palate, the bowel, the urethra are all subject to this weakness, and if we can arrive at a cause and a remedy in any one of these we shall be helped to the cure of the others. Moreover, it is a very common affair for the testicle and scrotum to hang prolapsed to a great extent, either temporarily in a non-muscular individual, or permanently in the aged; but no one has proposed to cut out a piece of the integuments or ligaments in order to remedy the defect, perhaps because it is not productive of pain or inconvenience; but even were there pain and inconvenience the weakest surgical mind would reject such a remedy as obviously useless.

In examining the palate of many people, especially great smokers, we find that the uvula is often sunk below the base of the tongue and not visible by inspection without depression of the tongue mechanically; further, when the patient is told to take a long breath the uvula often refuses to rise by any effort he may make; while in a perfectly healthy individual the palate is readily elevated, the uvula is visible without effort of lifting, and there exists no trouble from contact of uvula with epiglottis or base of tongue. If the cause of such prolapse were relaxation of muscular tissue, its remedy would be the toning up of muscular tissue. But there are often cases which give us at once a deeper insight into the cause, cases in which the whole palate is not depressed but only one side of it. We at once perceive that the nerve is at fault, that there is paralysis of the motor

nerve controlling the muscle, and until this be remedied no cure can be accomplished. Tobacco relaxes and in excess paralyzes nerve action, and in such a case galvanism or *strychnine* will most certainly excite the nerves and the palate will rise. If the cause of the paralysis be a poison like tobacco, it is vain to expect that while its exhibition continues any purely medicinal action will remedy the matter; an antidotal action is needful, and *strychnine* or galvanism are antidotes. In prolapse of the scrotum it is well known that a cold bath will cause an absolute shrivelling of the part due to the strong muscular contraction set up by the nerve shock caused by the cold water, and the reflex action set up by the scratch of the finger down the inside of the thigh will produce a similar effect. If there is to be any reasoning from analogy, we can assert that prolapse of the uterus has its final cause from deficiency or irregularity of nerve action, set up in some way or other, which is followed by muscular relaxation of greater or less extent. If we cannot set up healthy nerve action, we cannot cure the complaint; and the first step is to try and understand the causes of the unhealthy nerve action or paralysis of nerve action.

Seeing that, in a normal woman, the uterus and its appendages are suspended by the broad and round ligaments across the pelvis, that the folds of broad ligament dip down on either side and behind the uterus deep into the pelvis, there is only one way by which nerves can enter the uterus and ovaries and that is by first descending below the fold and then ascending. Some of these nerves lie along the posterior portion of the vagina and ascend to the uterus; others ascend close on either side of the uterus at an acute angle to it, and others again, for the supply of the os and cervix ascend to those parts. When the uterus becomes impregnated, and for the nine months of its gravid state there is a gradual but relatively enormous enlargement, and not only do the muscular fibres and the vascular system enlarge and lengthen, but the nerves must do so in like proportion. This means that the nerves must stretch or grow in length several inches for the time being. Then follows, sooner or later, an emptying of the organ, and what takes place if it be emptied at full term takes place to a proportionately less extent when such emptying occurs

before full term. The os and cervix are stretched to their greatest extent, the pressure of the child's head is brought to bear on the stretched tissues and they distend and allow it to pass. A little thought will make it clear that such pressure and distension, firstly without the opening enlarging, will fold and press on nerves and other tissues, and in many cases, though not in all, there will result more or less injury to this nerve tissue; the more prolonged the first stage of labour with expulsive effort, the worse is the injury likely to be; and at the same time, if the pelvis be in any way narrow at the brim, there will occur pressure on and injury to the nerve tissue supplying ovaries and ligaments. My contention is that unless this injury be thoroughly repaired prolapse will result to a greater or less extent in proportion to the injury, and that if the injury to nerve tissue be at the os or its adjacent structures you will have erosion of the os and splitting of the cervix setting up after the puerperal period has ended, although no such lesions were perceptible before. I contend that, if the disease called herpes zoster be primarily a lesion of nerve endings, that there is no physiological reason against such a similar lesion taking place on any *mucous* membrane, and that stomach ulcer or os uteri abrasion can be reasonably so explained.

If there be any truth in this idea, the question naturally arises why do not such lesions occur in all women, and why do they occur more largely in civilised women, and of this class more so in those of neurotic tendency? And further, the question has to be faced, if parturition is so large a factor in their production, in what manner are they to be accounted for in the virgin? The same reason which will permit one man, brought up to hard vigorous manual labour, to be exposed to hardship without hurt, while another, delicately reared, will be killed by similar exposure, will account also for the different effects of parturition on the mother. In the wild woman the muscles are strong and tense, the nerves are strong also, not susceptible to sudden jars and vibrations, and also not perceiving delicate changes. In such a woman the pains of child-birth are less; the vigour of blood, muscle and nerve enables recovery from any injury far quicker than in a woman bred to civilised life; and a neurotic tendency simply means,

with regard to the substance of the nerves, that they are soft and flaccid, as little fitted for hard work or strain as the fibres of a fatty heart, and hence it is small wonder that, when the throes of childbirth assail them, there should be injury not easily reparable. Necessarily when women possessed of such nerves suffer a labour they should lie long for recovery to take place, otherwise they are the very cases in which we shall find prolapse, erosion, displacement or inflammatory deposits. A prolonged case of subinvolution is but the effects of similar injury, and we have not yet arrived at remedial measures, other than rest, to enable us to help in these cases. To my mind also it is a serious question how far fibroid tumour is referable to the same cause. This latter occurs at times in unimpregnated women, and it seems at first sight difficult to suggest how it comes about that, admitting disturbed nerve function to be its fundamental cause, it originated in the absence of parturition.

I would impress upon you that I am not enunciating that parturition is the first cause of prolapse, erosion, or fibroid, but I am urging that nerve injury is the first cause, and, if we can point out how nerve injury may occur without parturition, then we may hope to explain how lesions of this character occur in unimpregnated women.

We all know the course of events which develops as a final product an ulcer of the leg: stagnation of blood from some obstruction, undue distention of some vein, effusion of serum in tissues, fulness and pain, a swelling cedema, discolouration, tension, ulcer. But is it simply pressure which causes a vein to give way; is not the cause deeper? Is it not that the vaso motor nerves are locally poisoned by retained venous blood, tired out permanently, just as after great exertion our limbs are tired out temporarily, a tiring out which can be relieved only by rest, and the longer this is delayed the more irreparable the injury becomes; and we must keep prominently before our minds the fact that the feeling of fatigue is due to presence of animal poison which is eliminated by rest.

Now let us consider what causes of such local poisoning are at work in unimpregnated women; and, to do so, we must take full cognisance of the effects of the habits of life of

many women upon the action of the liver. We must remember that one prominent action of this organ is to eliminate animal poisons; that the blood just ready to proceed to the liver is certain to contain these in greatest quantity; that if it be delayed in transit then these poisons are likely to be absorbed into the general system, doing harm to health, but most harm to those organs nearest to which they are detained. If any proof were wanting of this latter fact we have only to remember the effect of vaccination on the part at which incision is made, to remember the effect of anthrax poison on a slight abrasion, or the local effects of syphilitic poison. During the process of digestion the food, as it gets lower and lower into the bowel, is more and more deprived of nutritive material, and remains a mass of *débris*, but often a putrifying mass, at a temperature just appropriate for decomposition, and therefore for production of animal poisons. In many individuals this mass lies for days in the lower bowel, and from what we know of the absorptive powers of its mucous membrane we cannot doubt that it is capable of absorbing animal poisonous material. The state of constipation which allows such a mass to remain is due in part to sluggish liver action, or the sluggish liver action may be due to absorbed poison from fecal matter, and action and reaction intensify the evil; the blood charged with absorbed poison cannot get away, and the veins of the rectum are most likely to be first affected, the vaso motor nerve action destroyed, and piles result. If the absorption continues, the next nearest tissues receiving blood from arteries concerned in supplying adjacent parts will receive by diffusion poison also, and these tissues are uterus, ovaries, and ligaments, and during periods of special congestion the effect will be accentuated and the evil likely to be more permanent. At catamenial periods, for instance, with great constipation, vaso motor disturbance would certainly cause prolapse not easily reparable if constipation continued. If owing to vaso motor nerve deficiency a vein on the os becomes distended we can easily see how it would progress, as does a leg vein, into an ulcer. If from the same cause a vein in the uterus became uncontrolled, we can see how stagnation and distension might result in an organised blood clot, and similarly nerve disease from this cause in the

ligaments would produce prolapse. The primary point is, what evidence can we get by analogous lesions in other parts of the body that the nerves are affected by poisonous material. We know how intensely susceptible to disturbing influences these nerves are by the ease with which we can cause their temporary paralysis in any part of the body by irritation of the skin; and, to take vaccination as an instance, we produce in this temporary paralysis of vaso motor nerves, which often entirely disappears; then as the poison begins to act locally we get again vaso motor paralysis, swelling and redness—not now by mechanical irritation but by the presence and action of the animal poison, and I think that the strong probability is that piles in both sexes and prolapse and erosion in unimpregnated women are likely to need no greater cause than the continued presence of animal poisons absorbed from the bowel. Certainly parturition will greatly increase the evil, and hence we find these ailments far oftener in women who have borne children or aborted.

Clearly when such injuries as these do occur there must be a reasonable time for repair, longer or shorter in proportion to the more or less neurotic constitution of the patient, and as rest is a mighty factor in repair, it follows that the more neurotic a woman the longer should she lie in bed after childbirth; but if the most robust of women rise too soon for repairs to have been accomplished they will inevitably delay such repair, and perhaps for all time. If any proof were wanting that real bruising of the tissues does take place, I might point to repeated instances, which we have doubtless all seen, where a woman, after a parturition, has presented an appearance of black eyes as though she had been struck. If the effort produces effusion of blood into the tissues at so great a distance from the seat of effort, it must certainly do so in the os and cervix. We know how ill to repair is an injury by bruising, how the severance of a leg, for instance, by a clean cut is a comparatively trivial affair compared to a similar injury accompanied by bruising of adjacent parts, and that death often ensues after such injury not from loss of blood but nerve lesion—tetanus—caused, it is said, by a germ or germ products; hence cleanliness is essentially our second point of treatment—strict unirritating cleanliness; and then, setting

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aside medicament, there is the nourishment of the parts in especial and of the body in general. I believe the best time to repair these damages is the earliest possible after their recognition; but I think there are avenues of treatment open to us, even when they have become chronic, which have not hitherto been utilised, and one such avenue is without question proper and appropriate nourishment of the parts. I must emphasise the belief I have that it is never the mere weight of the organs which causes the prolapse, nor is it the absence of support owing to the fact of a torn perineum, and no amount of patching of perineum or propping of uterus will cure; and there is one item in these cases which, to my knowledge, has never been properly brought forward, which militates greatly against repairs being effected, *i.e.*, the presence of feculent material in the lower bowel.

When we, in civilised life, take the heavy meal of the day, we begin with that which is most easily absorbed, and this custom has arisen from the innate perception that the stomach is thus quickly strengthened to digest what follows. The stomach gets immediate support from what is first absorbed. After the meal is taken digestion proceeds, and the nutriment unabsorbed goes lower and lower in the intestinal tube till at length an undigestible and putrifiable mass remains. And it does putrify, and the longer it remains in the intestinal tube the greater is the amount of putrified products, and more or less of these are absorbed. That these are again thrown out owing to discriminative action of the liver is no doubt true, provided the liver be in healthy and vigorous action, but the tissues through which they pass are without doubt in part poisoned by their presence a double injury going on in these parts, first, the poisoning by noxious elements, second, by the absorption of true nutritive material being prevented. When a mass of feculent material lies festering in the rectum, the organs in the near neighbourhood whose nerve supply and blood supply are in intimate connection will get the greatest injury, and hence, when these injuries to nerve, and paralysis of nerve, which I think in all probability cause prolapse become chronic, and there continues to be poured in upon the seat of injury not food, but poison, how can we expect cure?

The rapidity of absorption through the rectal mucous membrane is well known, and no one would pretend, when the sharp effects of *morphia* administered per rectum are so notorious, that a poisonous effect will not be immediately produced on neighbouring organs by the presence of *ptomaines* and *leucomaines*. The evident remedy is to remove the offending material in the first place, and then to apply the lesson we ought to have learned from what goes on in the stomach, *i.e.*, supply *to the part* some easily assimilated nutritive material which shall give directly to the organs just the food they require. How much of nervous irritation, and nausea, or vomiting, may be prevented in this way, even in pregnancy, without prolapse, must be seen to be believed in.

Richmond.

ON THE DOSE QUESTION, WITH ESPECIAL REFERENCE TO THE 30TH DILUTION.

By WM. LAMB, M.B., C.M.

It is with the greatest satisfaction that I have observed the dose question re-opened in the recent Nos. of this journal. After my conversion to the law of similars, my immediate perplexity was in which attenuation I should prescribe.

Isolated as I am out here at the Antipodes, I have had no brother practitioner to disburden my mind to in this city, nor is there a pure homœopathic practitioner to my knowledge nearer than Auckland, 1,100 miles away. Wellington, the capital of New Zealand, has none, and Christchurch has a practitioner, as I am told, who practises either way according to circumstances. Accordingly I have had to thresh this subject out for myself by reference to what literature I possessed and by my own experience.

I was fortunate to pick up at a sale, 11 vols. of the *Homœopathic Review* for a few shillings. These have been invaluable to me, supplying the place of oral instruction in homœopathy, and it is a striking proof of the science of our system, the volumes being from 20 to 30 years old. Now-a-days, allopathic literature that is

10 years old is put on the shelf as antiquated and useless. Not so homœopathic literature, dealing as it does with *facts* which cannot change. I eagerly noted what was written by various practitioners on dosage, to guide me in my practice. But as this was contradictory I had to test at the bedside to find out for myself. For example—

1. Some state, and those the majority, that acute diseases require low potencies, chronic need the 30th potency.

2. Others affirm that high dilutions are superior to low in both acute and chronic disease.

3. Dr. Neidhard says, high dilutions should be used in brain, spinal and nervous system diseases, and generally in skin diseases; while low dilutions should be used in mucous membrane diseases, especially of bronchi and lungs, in chronic liver disease and in syphilis.

4. Dr. Goullon divides drugs into three classes: 1st class act equally in ϕ or 80, *e.g.*, *acon.*, *bellad.*, *nux.*; 2nd class require considerable attenuation, *e.g.*, *nat. mur.*, *lyc.*, *carbo.*; 3rd class must be given in ϕ , or lowest decimals, *e.g.*, *colchic.*, *millefol.*, *petroselinum*.

5. Dr. Drysdale divides symptoms into absolute and contingent, absolute requiring low, contingent high potencies.

6. Dr. Wells says dose is in "inverse ratio of similarity," *i.e.*, generic, which needs low, and characteristic, which needs high.

7. Dr. Black says that the suitable dose lies "near the limit of physiological action," *i.e.*, between ϕ and 3.

8. Grauvogl divides remedies into functional and nutritional; the former, or drugs foreign to the body, require high, the latter, *e.g.*, *ferrum* and *calcareo*, require low.

9. Dr. Hale, of Chicago, divides into primary and secondary, action of medicines; the primary needs dilutions from 3 upwards, the secondary, from 8x to ϕ .

Now it seems to me, from my three years' experience, that Dr. Dyce Brown hit the nail on the head when he said: "The most useful practice is to use all dilutions."

All hard-and-fast rules *re* this *questio vexata* are simply laughed to scorn by the rigid logic of facts. Neither the high dilution extreme, nor the low dilution extreme, is exclusively right, but the liberal using of all the degrees

of the scale. This is the conclusion my experience has brought me to, for the present.

I now contribute the following cases with special regard to the 30th potency:—

1. R. S., æt. 3 months, shortly after birth developed a most splendid illustration of general eczema of head, face, body, and limbs. I gave *ars.* 3x, markedly aggravating the trouble. I then gave *viola tric.*, *graph.*, *merc. sol.*, &c., without any success. But reasoning about the medicinal aggravation of *ars.* 3x I again gave *ars.*, but in 3c; still some aggravation occurred, but not so much as with 3x. I then gave *ars.* 6, and now there was no aggravation but skin about the same or slightly improved; then *ars.* 12, when decided improvement set in, but still some stubborn patches refused to yield until *ars.* 30 was given, and this effected a perfect cure.

2. Mr. R., æt. 27, suffering from eczema for two years, was so pleased with my success with his little son, who had eczema, and had been unsuccessfully treated by allopaths, that he consulted me about himself. I might say that it was *ars.* 30 and *sulph.* 30 that I gave his son. My object in recording this case is to show how very sensitive to *ars.* 30 this patient is, and to show that where a simillimum has been found that it does matter very much whether you give 1, 2 or 3 drops of the 30th. This patient, an intelligent gentleman, averred that about 10 minutes after every 2 drop dose, he felt a feeling of most unpleasant prostration and exhaustion, together with a confused feeling in the head as if "he had knocked his head up against the wall." Also he noticed a moist, clammy state of the left side of scrotum and opposed surface of thigh, where there came a red ringworm-looking patch. This last effect would appear or disappear according as he took $\frac{2}{3}$ of a drop of 30th, or left it off. He was much improved, and is now taking the 200th with increased benefit.

3. Mrs. C. is another instance of the necessity of giving fractions of a drop of the 30th when you have got the simillimum, and not 1, 2 or 3 drops as you may do with impunity as a rule in the low dilutions. This case I reported in the *North American Journal*, and so I only narrate the bare fact that 2 drops every 4 hours of *ferr. met.* 30, for diurnal enuresis, after several doses, not only stopped the enuresis but the urinary secretion itself.

The lady wisely stopped taking any more of it until she saw me, when, the over-action of the medicine expending itself, the secretion gradually returned, and left her cured of her enuresis. This is a hard nut for exclusively low dilutionists to crack!

4. Mrs. W. F., æt. 21, suffered from morning sickness in her first pregnancy. It was characterised by a craving for salt things, which, when partaken of, were not followed by sickness, *e.g.*, bacon and corned beef. The vomit was watery, frothy phlegm. *Nat. mur.* 30 cured this, when *nux.* 1 and *ipéc.* 1 failed.

5. Mr. W., suffering from rheumatic fever, could not convalesce under *bry.* 1x, but did so at once under *bry.* 30. Later on, being attacked with rheumatic ophthalmia, *bry.* 30 in a few doses cured it (reported before).

6. Mrs. B., greatly afflicted with sacral pain, leucorrhœa, &c., seemed to be a fit subject for *sepia*, which I gave in 30th dilution. She returned after a few days, saying that if she went on with that medicine any longer she would go mad. She described her sensations after each dose as of a pain striking her in the nape, extending up to occiput over vertex and forward to forehead, ending by drawing at the muscles of the eyes, leaving them in a condition just as she had experienced after the exertions of a hard labour. In this case a change to *sep.* 6 resulted beneficially without untoward symptoms.

7. Mrs. H. found *puls.* 30 very curative in piles after accouchement. During a subsequent pregnancy *puls.* 30 always quieted sundry nervous manifestations, such as twitchings and pains. But having finished her bottle, she sent to the chemist for a renewal, and he sent ϕ instead of 30. Mrs. H. took this ϕ , but speedily found her symptoms aggravated, and in addition for the first time noticed a most disagreeable heartburn follow each dose. On communicating with me, I at once told her the cause, as she was not aware of the difference in the strengths of the tinctures.

8. C. L., æt. 9, one of my sons, from time to time has abdominal pain, sometimes before sometimes after eating. *Nux.* 30 puts him to right in a trice, while *nux.* ϕ or 1x either has no effect or only a partial one.

9. *Bellad.* 30, as an oxytotic in *inertia uteri*, towards the end of the first stage of labour, is one of my most cherished bits of obstetrical practice. I only wish every-

thing else in homœopathic practice was as unerring. And here I would like to second Dr. Clifton's remarks in the *Homœopathic Review*, 1891, p. 788 *re baryta carb.* in tonsillitis, *i.e.*, quinsy. I suppose I have treated about ten cases of this, and in no instance has it had the slightest aborting influence, on the contrary, my uniform experience has been a steady march to suppuration. In one case which I have treated three times, the patient had at the onset herself taken *baryta carb.* 3x. I changed to the 12th with no better luck. The second time I gave 12 and 30 with like result. The third time, having observed that Dr. Carroll Dunham got his successes with *baryta carb.* 200, I gave it, but with equal failure. Now, in this case, each time the drug was in the house and taken at the first inception of symptoms. I classify *baryta carb.* in acute tonsillitis with *acon.* 1x and *bryon.* 1x in acute rheumatism, as so disappointing that if on finishing Dr. Sharp's twelve tracts (to which I owe my conversion to homœopathy) I had tested homœopathy in either of these diseases, however much I might have been impressed *a priori* by the tracts, *a posteriori* I should have remained an allopath.

10. *Bellad* 3. This does not come under the head of the 80th dilution, but as it illustrates the range of action of drugs, and contradicts the assertion that it is all in the selection and not in the attenuation of a remedy, I add it to this list of cases.

Baby Sawyer took convulsions early one Sunday morning. I took my pocket-case, which contained *bellad.* 1x, and dropped out a few doses, and as the convulsions continued, feeling that *bellad.* was indicated, I ordered *bellad.* 3 with immediate and lasting benefit.

Dunedin, New Zealand,
April 25th, 1892.

CLINICAL REPORTS.—LONDON HOMŒOPATHIC HOSPITAL.

(Cases under the care of Dr. GALLEY BLACKLEY.)

CASE I.—*Carpo-pedal spasm; recovery.**

JOSEPH G., aged 8 years, schoolboy, was admitted into Hahnemann Ward on January 20th, 1890, for pains in

* From notes taken by Mr. Dudley Wright, sometime Resident Medical Officer.

the limbs and tonic contraction of the hands and feet. He had always been a fairly healthy child; had had measles, whooping-cough and congestion of the lungs, but no growing pains or acute rheumatism.

Family history was good, father and mother and one brother and two sisters being quite healthy. No history of consumption or rheumatism in the family.

Previous history.—The mother states that a week ago he received a blow on the head at school; he complained of pains in the head, and remained at home for two days, at the end of which time he seemed perfectly well and was sent back to school.

Present illness commenced only last night (Jan. 19th) with pains in the feet which seemed slightly swollen. He seemed very sleepy, but when put to bed was very restless, and seemed slightly delirious. Did not vomit, or appear to have pains in the head. This morning the hands were painful and contracted.

On admission seems a well-nourished, healthy-looking boy. The tongue is slightly furred, but does not deviate from the central line. The left pupil is rather larger than the right, but the ocular movements are normal and there is no facial paralysis. The hands are fixed midway between flexion and contraction; the fingers are fully extended at the proximal joint, flexed at the middle, and extended again at the distal phalanges; the thumbs are very strongly adducted. Considerable force is necessary to overcome all these contractions. The feet are fully extended, and the toes flexed, and he complains of considerable pain in both feet and hands. The thoracic and abdominal viscera appear normal in every respect. Temp. 97.2°. Was given *bryonia* 1x gttii. every two hours with milk and farinaceous diet.

Jan. 21. Temp. normal. Slept well. Still complains of pains in hands, feet and head, which last feels hot to the touch. Pupils about the same as yesterday. Has not perspired. Rep. med. Temp. in evening subnormal.

Jan. 22. Temp. normal. Not so much contraction of fingers; feet still the same. Temp. in evening 96.4°.

Jan. 23. Temp. normal. Tongue clean. Spasm of hands quite gone. Evening temp. 95.2°.

Jan. 27. Temp. 97.4°. Feet and hands quite well. Is up and walking about, but drags the right foot.

slightly. Knee-jerks are present, but considerably diminished on both sides. No ankle-clonus.

Feb. 8. Knee-jerks still very deficient. To discontinue medicine.

Feb. 10. Pupils normal, reacting well to accommodation and light; palate moves equally on either side. Walks well even when blindfolded. When tested kneeling he was able to rise from the floor without making use of his hands in climbing up his legs. The knee-jerks are still sluggish, the right being more pronounced than the left. No diminution or perversion of sensation of feet and legs. No unsteadiness whilst standing still or in walking.

Feb. 13. Discharged cured.

Remarks.—The medicine used throughout, *bryonia*, was prescribed by the house-surgeon before Dr. Blackley saw the patient. As he seemed to be improving it was continued. As the boy got perfectly well under its use there seems every probability that in spite of the absence of any high temperature, the ailment was rheumatic in its origin, and was a reflex spasm due to peripheral rheumatic irritation.

CASE II.—*Saturnine Gout of long standing; albuminuria; great improvement.*

Thomas H., aged 52, gas-fitter, was admitted into Hahnemann Ward on February 12th, 1890, complaining of pains in the knees, ankles and shoulders, and swelling of the feet.

Previous history.—Had acute (?) rheumatism in this hospital four years ago, and had had two previous attacks. Had "gastric fever" about twenty years ago. Attacks of gout in one great toe first began about twenty-one years ago. Has worked as a gas-fitter and plumber for about thirty-eight years, but has never been affected with tremors or colic; has had a distinct blue line on the gums. Never drank acidulated drinks at his work. Has been treated three times at the Bath Mineral Water Hospital.

Family history.—Father died of consumption; mother dead, but cause unknown. One sister alive and healthy. No gout or rheumatism in the family.

Present attack.—Has been practically never free from pains in various joints ever since he was in the hospital

last, but kept at work until six weeks ago, when he had to lay up. The following joints became successively affected:—shoulders, scapulo-clavicular and sterno-clavicular articulations, ankles and knees. Received no treatment until his admission. For the last three years the right testicle has been occasionally painful and retracted, but not swollen.

On admission.—Temp. 98.2° , tongue covered with moist white fur. (Very soon after admission had a slight rigor lasting nearly two hours, at the end of which temp. rose to 100.4° .) Ankles, feet and knees are swollen, and the patient complains of very severe pain in the back. There is a good deal of subcutaneous thickening on the dorsum of the feet, and the left ankle is much larger than the right. There is also some thickening at the head of the metatarsal bones of great toe, but no signs of active gout, and no desquamation of cuticle. The hands are flexed at the metacarpophalangeal joints, and the fingers turned to the ulnar side, with nodosities at each joint. Cannot hold out his hands as they are too painful, so no existence of tremors can be determined. Shoulders painful. Slight blue line on the gums and tophi on both ears.

Examination of chest shows lungs and heart to be normal with the exception of a very slight murmur with the second sound, heard at both the right and left second intercostal space and in mid-sternum, but not transmitted upwards. On the left forearm, on the inner side of the flexor aspect near the elbow, are two oval swellings, each about one inch long, gelatinous in feel and freely movable. Urine faintly acid, and showing, after acidulation and boiling, about $\frac{1}{2}$ of albumen. *R. bryon.* 1x gtt. v. and *colch.* 1x gtt. v., 4 tis horis alt. Milk only to be given at present.

On the 14th farinaceous food was added to the milk, and 3j. of whiskey per diem. On the 21st was put on a fish diet.

Feb. 25. Can stand now, but stiffness and pain continue. Had some massage to the affected limbs which seemed to ease him.

Feb. 26. Last evening he woke up complaining of pain in the right side of the head, as if some one had been squeezing the head violently. Both eyelids were quivering and the right pupil was contracted. This was

followed by a vacant stare lasting a few minutes. He complained also of great pain in the region of the right kidney. Urine 1010, acid, no albumen. Evening temp. 99°.

Pains in the loins persisted till March 3rd, by which time he was able to turn in bed. Urine averaged 38 oz. per diem.

March 4. Complaining of severe prosopalgia. Other symptoms less troublesome. *R. Tr. gelsem.* 1x gtt. ij. tert. hor.

March 11. Neuralgia still troublesome. Says he had a blow behind the right ear six months ago, and has had pain in the side of the head ever since. There is slight tenderness behind the right ear now. Discontinue *gelsem.* *R. Tr. colchic.* 1x gtt. v. 4 tis horis.

March 17. Blue line on gums still noticeable.

March 18. Has had more pain in the joints, worse at night. *R. Tr. rhus* 1x gtt. j. 4 tis horis.

March 31. Up and about the ward. Urine 1012, acid; shows a trace of albumen.

April 8. Complaining of pains in the chest striking through to centre of back; also of sore throat. On examination the uvula and soft palate are seen to be œdematous. Tongue rather furred. *R. Tr. apis* 3x gtt. j. 4 tis horis.

April 9. Feels better, but still complains of pain in the chest. Complained much of his head last night, and was ordered a towel pack to the loins and a wet compress to the throat. Evening temp. 99.4°.

April 14. Joints of feet more tender and swollen. Urine free from albumen. *R. Tr. colch.* 1x gtt. v., 4 tis horis. Was again placed on farinaceous diet. Evening temp. 99°.

April 15. Knees affected now. Temp. 100°.

April 16. Tongue very dry; pains in stomach. No vomiting. Temp. 100.2°.

April 18. Pains in the joints persisting, was ordered a hot-air bath, which caused him to perspire freely for many hours, but without relief to the pains. Temp. 97.2°. Cannot move in bed.

April 19. Two fresh subcutaneous gouty concretions have shown themselves, one upon the head and the other over the upper part of the shaft of the ulna, where the bone is subcutaneous.

April 20. Hot-air bath repeated yesterday for 25 minutes. Perspired freely after it, and feels and looks much better this morning. Temp. normal.

April 23. Had another hot-air bath, and remained in it 50 minutes. Perspired very freely. Pains much less, but joints very stiff. *R. sulph. 3x gr. ij., tert. horis.* To have some mince meat.

April 24. Eyes examined with ophthalmoscope and found free from retinitis.

May 10. Discharged sufficiently improved to resume work.

Remarks.—Although the evidences of plumbism in this patient were of the mildest possible character, and were practically confined to the blue line on the gums, the albuminuria, and, probably, the neuralgic crises above-mentioned, still, the case affords a good example of a class frequently seen in hospital practice, where habitual workers in lead are found to have been sufferers from a comparatively early age from arthritic and other gouty trouble, in a manner almost unknown in other trades, and out of all proportion to the severity of the symptoms of plumbic intoxication. A gouty family history in men of this class can rarely be made out, and probably in the majority of cases does not exist.

LARGE MULTINODULAR UTERINE FIBROID WITH PYOSALPINX: HYSTERECTOMY AND SALPINGOTOMY: RECOVERY.

By FRANK SHAW, Esq., M.R.C.S., & GEORGE BURFORD, M.B.

DR. THOMAS KEITH some years ago drew attention to the not infrequent concomitance of pyosalpinx with uterine myoma. In averaging the life-history of the latter, this concurrence should ever be remembered, as explaining some peritonitic crises, as determining some constitutional symptoms, and as giving increased weight to indications for removal.

History of the Case: By FRANK SHAW, M.R.C.S.

Two-and-a-half years ago I attended this lady for some respiratory troubles marked by dyspnoea and breathlessness on easy exertion. Examination disclosed obvious abdominal enlargement, and on drawing her attention to it, the patient stated that she had noticed a gradual

increase in the size and hardness of the abdomen for some time ; and that for about eight years the period had been excessive.

After further investigation the mass was found to consist of a large uterine fibroid ; but as menorrhagia was the only symptom present, and but little physical discomfort was complained of, therapeutic measures were put in vogue, with fairly satisfactory results.

Some months afterward, against my advice, the patient married, and I did not attend her again until last Christmas, when a severe attack of influenza prostrated her, and from which convalescence was but slow and partial. The immediate effect of this seizure was that the abdomen became very sensitive, the fibroid had obviously increased in size, pain was constant, and vomiting frequently recurrent. After two months a severe relapse occurred, with high fever and increasing abdominal pain. The temperature slowly declined, but the patient's strength had suffered severely from the virulence of the second attack. About this time, Dr. Burford saw her, in consultation with me, and careful local examination led him to suspect some suppurative lesion, extra-uterine in site, probably a suppurating cyst. Operation at the earliest fitting time was advised, so soon as convalescence had advanced sufficiently to warrant the undertaking of so grave a procedure. Early in May she was removed to the Buchanan Cottage Hospital, at St. Leonards, and operation performed on May 8th, 1892.

Abdominal Section. By Dr. BURFORD.

For so severe an operation and so prolonged a convalescence as was expected, it was decided to utilise the surgical and nursing resources of the Buchanan Cottage Hospital, kindly placed at our disposal by Dr. Shaw.

The necessary preliminaries having been carefully carried out, I operated early in May. The usual median incision having been made, a large uterine fibroid mass was exposed to view, its long axis lying transversely across the abdomen. By some manœuvring, the tumour was delivered through an abdominal opening, purposely made as small as possible, and the attachments explored. A bulky boggy mass was found running from the left side of the fibroid into the left broad ligament, and just

at this juncture pus began to pour from an area on the lower surface of the tumour. An elastic ligature was quickly placed round the base of the whole growth, the greater part thereof cut away, and the stump with the distended broad ligament closely examined. After much trouble, a large, much dilated, suppurating Fallopian tube was enucleated, the rubber ligature re-adjusted, so as to encircle the base of the uterine remnant with the broad ligament cavity, and the stump thus formed treated extra-peritoneally. The abdominal cavity was well flushed with hot water, a Keith's drainage tube packed with iodoform gauze inserted, and the abdomen closed. The operation had lasted over two hours, and the tumour weighed over seven pounds.

The convalescence was uniform and satisfactory. Not a single bad symptom occurred during its whole course ; and pain and vomiting were conspicuously absent. The pins and rubber ligature were removed on the eleventh day, and thereafter there was nothing necessary to record. The therapeutic treatment consisted in the administration of *arnica* for the first 36 hours, and *bell.* and *merc. corr.* for the ensuing week. *Cantharis* was administered for a little bladder irritation, which subsided soon after the pins were removed.

Mr. Knox Shaw kindly assisted me at the operation, and Dr. Frank Shaw anæsthetised. To the unwearied and close personal supervision of the latter gentleman much of the extraordinary smoothness of the convalescence is due. The nursing was further personally superintended by Miss Ransford, the Matron of the hospital, and due meed of praise must be given for her entirely successful arrangements.

REVIEWS.

The New Cure of Consumption by its own Virus. Illustrated by numerous cases. By J. COMPTON BURNETT, M.D. Second edition, revised and enlarged. Philadelphia : Boericke and Tafel. 1892.

ANOTHER twelve or eighteen months' experience of the treatment of tuberculous conditions by the diluted virus, serves only to strengthen Dr. Burnett's confidence in the method and the remedy.

It is useless at present to discuss whether such a method is isopathy or homœopathy. The smallness of the dose necessary to produce good results is an argument in favour of its homœopathicity it is true, but until some one comes forward with heroism and self-sacrifice enough to "prove" the remedy, we can only speculate. Is it not enough to know that the agent produces results; that the remedy cures? This each one may ascertain for himself.

No scruples need now be entertained on the ground of the disagreeableness of the remedy, for carefully prepared dilutions, from the 4th centesimal (in glycerine) to the 30th and 200th (in spirit), of Koch's tuberculin may now be obtained in London. Some time ago at our suggestion Messrs. E. Gould and Son procured a supply of Koch's "lymph," and with elaborate precautions made a series of sterile attenuations, dispensed in sterilized bottles. Of the activity of these dilutions we have clinical evidence.

We believe that our readers and the public are much indebted to Dr. Burnett for pressing upon them this modified form of the once lauded Koch treatment, now so justly regarded as a dangerous and expensive failure.

Consumption: How to Prevent it and how to Live with it. Its Nature, its Causes, its Prevention, and the Mode of Life, Climate, Exercise, Food, Clothing necessary for its Cure. By N. S. DAVIS, Jr., A.M., M.D. Philadelphia and London: F. A. Davis. 1891.

THOUGH dealing, like the preceding, with tuberculosis, or at least with one phase of that wide-spread condition, it approaches the subject from an altogether different standpoint. Dr. Burnett's book has reference almost exclusively to the medicinal treatment of tuberculous diseases. Dr. Davis makes almost no mention of medicinal measures. Were the carrying out of Dr. Davis' many and valuable instructions possible to all our community there would be little need for Koch's tuberculin or any other medicinal measures. For that "prevention is better than cure" is one of the few medical maxims, outside homœopathy, which stand the test of time.

The author believes in the bacillary origin of phthisis, explains it to his readers clearly, enters minutely into means for the prevention of infection, and gives sound instruction in general hygiene. The advice respecting treatment (medicines apart) is judicious and liberal. His summary of the cases suitable and unsuitable for climatic treatment of high altitudes is particularly good. The book is written in simple language, and is intended for the use of the intelligent layman. It

might with advantage be recommended to consumptive patients by medical men, and for this purpose its convenient size (140 pp.) and its small cost are well suited. It is one of the most useful little books this enterprising firm has published.

PERISCOPE.

MATERIA MEDICA AND THERAPEUTICS.

TARANTULA CUBENSIS IN CARBUNCLE.—Dr. J. L. Coombs, of Grass Valley, Cal., writes as follows to the *Medical Summary*, Feb., 1892: "In August, 1890, Dr. Henry Davis (retired), aged 77, sent for me. He had, over the lower external third of left scapula, a carbuncle, four inches by three of induration, and reddish-blue areola extending still further. Higher up, with another circumscribed area, was a smaller one, having about three-quarters of an inch of induration and the red areola, and black spot in the centre. This latter was said to be of three days' duration; the former of about one week, and it also had the 'black core' centre. As he stripped he remarked: 'I suppose the core must slough out after crucial incision, or somehow.' He had been poulticing. I explained my desire to trust to constitutional treatment entirely, telling him the remedy and reading some of the literature. To my surprise and pleasure he not only consented, but desired the treatment. From that time on, only a compress, moistened by water at any pleasant temperature, was placed over the inflamed and indurated parts. He received two grains of the sixth decimal trituration of *tarantula cubensis*. In addition, he was left four similar powders, with directions to mix one and dissolve in four tablespoonfuls of water, and take one teaspoonful for a dose every three hours until he became conscious of a cessation of pain and lessening of fever, and promotion of general comfort, when he was to discontinue so long as improvement remained apparent. When the amendment ceased he was directed to take another dose, and continue until again feeling better, when the medicine was again to be stopped. A fresh solution was to be made every twelve hours, and used in the same manner.

"Next day the old gentleman walked into my office smiling, and said: 'Well, I suppose that wasn't a carbuncle after all—ha, ha!' When he undressed it I was surprised to see that the black gangrenous core-centre of the more recent and smaller one had disappeared; the inflammation had subsided, save a slight areola near the gangrenous core-centre of the larger one. His pulse was but 70; it had been 120 the day

before. Temperature in axilla was but 90° ; it had been $108\frac{1}{4}^{\circ}$ day before. An aborted case of true anthrax seemed plainly before me. A slight suppurative excoriation without sloughing where the black spot had been on the larger one was all that remained. This healed by simply preventing friction; no attempt was made to use antiseptics locally.

“About a fortnight after recovery he called again, and in his dry, humorous way, said: ‘Guess I’m going into carbuncles all over now, way’t feels and what wife says.’ Upon his undressing, I found by actual count that there were twenty-seven miniature anthraxes, every one with a black core-centre, scarcely perceptible areola, and but slight induration at base of every one. We theorised that he had taken more of the *tarantula cubensis* than had been needed for curative purposes, and the poison had eliminated itself, partly at least, in the region primarily affected by the carbuncles. The old gentleman is in good health since, save some prostatic annoyances and inguinal hernia.

“I feel satisfied that we have an absolute cure in this poison for any case of anthrax where the black core-centre is early marked. Analogous conditions, as malignant abscesses and poisoned wounds, may be included within its reach. Like other remedies, it is no specific for a disease by nomenclature, but certain conditions and trains of symptoms very likely to arise in many cases, will be benefited, if not cured.

“No physician who can procure the pure *tarantula* poison, diluted as I used it, need fear results, only he must use no other medicine whatever, or no true test can follow.”—*New York Medical Times*.

CHLORIDE OF GOLD IN CHRONIC TOBACCO POISONING.—Dr. E. M. Hale (*New Remedies*, Jan., 1892) reports the case of a man who had indulged so freely in tobacco that he became exceedingly prostrated, and developed a condition almost akin to incipient delirium tremens, and with severe gastric irritation, pharyngitis and great cardiac weakness and irregularity. He had tried a number of times to give up the habit, but suffered from the most distressing insomnia, irritability of mind and insatiable craving for tobacco. After trying several remedies in vain, Dr. Hale prescribed the *chloride of gold* and *sodium*, one-sixtieth of a grain before each meal and on going to bed. A complete recovery followed. The author has also used the remedy in the treatment of the morphia habit. It does not do away with the desire for morphia at once, as it does in the tobacco habit.

The secondary symptoms of *gold* resemble the disorders under consideration. They are depression of spirits, plaintive, tearful, melancholy, desirous of death, restless, anxious, timid,

disagreeable, getting into quite a rage at the slightest contradiction, wanting to quarrel and going into the most violent passions, or apathetic, indifferent, with complete loss of will and memory. *Gold* causes serious defects of vision, amaurosis, anæmia of the optic nerve, dimness of vision, hemiopia, double vision and asthenopia. The symptoms of the throat, mouth and tongue, also the gastric symptoms, closely resemble those of tobacco when used to excess. It will cause impotence and sterility by its secondary action. The cardiac symptoms bear a striking resemblance to those of tobacco. Witness the extreme tightness of the chest, with difficult breathing at varying times, great weight on the chest, in the region of the sternum. Pain in the heart, with constrictive sensation, with pain running down the left arm; wakes with intermitting beating of the heart. Waking with palpitation of the heart he feels the throbbing all over; a restless anxiety arising from the region of the heart, he cannot remain quiet; arms and legs numb, and as if asleep, with a weary aching.

Wakefulness, insomnia, or the sleep is broken by starting, waking as if frightened; moaning and crying in sleep, with unpleasant dreams. The "persistent coldness of the hands and feet with dampness; the constant internal chilliness and inability to keep warm; the great liability to catch cold, great sensitiveness of the body to all kinds of pain, so that the very thought of pain is almost the pain itself." For all the conditions above enumerated, we must use not less than 1-100th of a grain several times a day.—*Ibid.*

OXYCHINASEPTOL—A NEW ANTISEPTIC.—At the recent meeting of the Congress Für Innere Medicin, held at Leipzig, Professor Emmerich, of Munich, showed a new antiseptic, which he called "*oxychinaseptol*," and for which he claimed that it formed a chemically pure body in solid form, easily soluble in the usual menstrua. Every molecule of the new remedy contains five chemical groups which are possessed of antiseptic power; hence, theoretically, *oxychinaseptol* must be a strong bactericide. He has found a 0.3 per cent. solution sufficient to kill, within a few minutes, the pus coccus (*Staphylococcus pyogenes aureus*). The remedy is especially powerful in putrefactive diseases. It is only very slightly poisonous, the animals experimented upon having been able to support large quantities without bad effect. The drug is cheaper than carbolic acid, and may be most suitably applied to wounds in 1 per cent. aqueous solution.—*Chemist and Druggist.*

In a reference to this new antiseptic, under the somewhat more reasonable—for the purpose of conversation—name of *diaptherin*, *The British Medical Journal* (June 4), says, that Kronacher (*Münch. Med. Woch.*) states that he has used

it in surgical practice for a year, mostly in a 1 per cent. solution, and that he has found it to be useful and free from producing any ill-effects. Especially has it proved of value in burns and ulcers of the leg. Instruments should not be placed in it, as a black deposit is formed on them if the nickel they contain is not pure.

HYOSCINE.—Dr. Hale of Chicago (*Hahnemannian Monthly*) draws attention to this *alkaloid* as being the active principle of *hyoscyamus*, and pleasanter in its action, and less likely to give rise to pathogenetic symptoms than *hyoscyamine*. He has used it with marked success in cases of incipient insanity marked by suspicion, moroseness, a loss of interest in everything, with insomnia. In other cases where the irritation born of suspicion has led the patient to acts of violence, such as biting and scratching and the use of abusive language. In some further observations he points out that it is in the insomnia of insanity when this is associated with marked excitement. He confirms the opinion of Dr. H. C. Wood (one which, as he says, would be formed by any one studying the pathogenesis of the drug) that the insomnia which is especially relieved by *hyoscine*, is that which is connected with cerebral excitement, when sleep is banished by a continual whirl of thoughts and mental images. Dr. Hale has latterly used the *hydrobromate of hyoscine*—though the salt instead of the pure alkaloid, he does not state—his dose is a grain or drop of the 8rd decimal attenuation. In simple insomnia of the type in which it is indicated one dose a day is sufficient; in insanity, one every 4 or 6 hours.

DIOSCOREA.—Dr. Shelton, of New York (*North Amer. Jnl. Homœopathy*, June), records three cases of gastralgia of long standing rapidly and permanently relieved by *dioscorea* given in the 1st dilution. The symptoms characterising each were similar. There were paroxysms of cutting griping pains in the epigastrium, worse in the morning and on motion. Relieved by hard pressure, warm food and drink, and to some extent from lying flat. Relief was very prompt, and in one case it is two years and a half, in another a year, and in the third six months before the medicine was discontinued, and there has been no return of the suffering.

PETROSELISUM.—Dr. Moffat, of New York (*North Amer. Jnl. Homœopathy*), records the successful use of this medicine in a case of incontinence of urine in a woman, aged 69, which, following on a slight attack of hemiplegia, had persisted for several months. The incontinence was both night and day; there was sudden desire with profuse emission, without any control of the sphincter vesicæ whatever. After

a few doses of pilules saturated with the pure tincture this enuresis disappeared, and had not returned after four months.

PERMANGANATE OF POTASH.—*The Hahnemannian Monthly* (June) quotes two cases in which this salt acted efficiently as an antidote to poisoning by *phosphorus*. The use of *turpentine* and *copper salts* has been followed by a mortality of from 50 to 60 per cent. Experiments on dogs have proved the efficacy of the *potash salt*, those treated with it having all recovered, while those used to control the experiment all died. A solution of two to five grains, or of thirty grains to a drachm and a half in a thousand parts of water form a chemical antidote. The oxygen of the compound unites with the *phosphorus* to form *ortho-phosphoric acid* which is non-poisonous.

BRYONIA.—As a comparative novelty in therapeutics, *The Hospital* (June 4th) introduces *bryonia* to the notice of its readers. "As a medicinal agent it is," says the editor, "but little used in Europe." He then proceeds to enlighten the minds of medical men by an account of the botanical characters of the plant, its active principle *bryonin*, the method of preparing a tincture, and of some of its physiological properties, his facts being derived from the article upon it in the *U. S. Dispensatory*. As authorities for its use, Dr. C. D. F. Phillips and Dr. Lauder Brunton are cited. They, we are told recommend it in "repeated small doses" to follow the use of *aconite* in the earliest stages of pleurisy. This is succeeded by the statement that it "seems to have a definite action on serous membranes." A piece of information which, in 1892, reads like a somewhat ancient bit of history. Then two gentlemen who have contributed to the *British Medical Journal* during this year are mentioned as testifying to its great value in pleurisy, in bronchitis, and in pleuro-pneumonia. We are told also that "it would seem that *bryonia* exerts its beneficial action in the early stages of inflammation of the pericardium and peritoneum as well as of the pleura." Some few years ago some one, writing in a medical journal, seemed to think that he had made a discovery when he announced its value in rheumatism.

Therapeutics never advances so much as when the search for "discoveries" is made by looking into homœopathic literature. Every one of the conditions named, as though they were recently ascertained spheres of usefulness for *bryonia*, have been familiar to every homœopathic practitioner since 1816! In that year Hahnemann published his record of the pathogenetic effects of *bryonia*. Using these by the light of the homœopathic principle, it has been prescribed, in the disorders named in *The Hospital*, by homœopathic

physicians all over the world from that time to this. It was through the knowledge of homœopathy he at one time boasted that he possessed that Dr. C. D. F. Phillips came to mention it in his book. It was, we doubt not, from the same source that Dr. Lauder Brunton was made aware of its value.

If these writers had vouchsafed the knowledge of the source of their inspiration their teaching would have been received with contempt. As they were mean enough to conceal it, it is accepted, and they themselves are regarded as original observers.

If *The Hospital* desires to get similar credit for making "therapeutic discoveries" its editor will find plenty of opportunities for doing so by studying Hughes' *Pharmacodynamics*. The ordinary practitioner of general medicine is so stupidly ignorant of homœopathy that there is very little likelihood of his being found out. Moreover plagiarism from homœopathy is not regarded as being conduct "infamous in a professional respect" by the members of the *British Medical Association*, whatever outsiders may think of it.

CHRONIC ECZEMA.—Dr. Bayliss gives a case which he describes in the following manner (*Medical Advance*, Feb.):—

1886, July 28th.—Miss H. L.—, a blonde, hair red, temperament nervo-sanguine, age eighteen, has a chronic itching exanthem predominantly squamous, somewhat vesicular, with scattered papules and co-extensive erythema. The chest and body are very scaly; the cutis beneath the white, scaly patches bright red and inflamed. This eruption first appeared seven or eight years ago, and in its present aggravated form about three years ago. She had a week ago a fever paroxysm, preceded and accompanied by headache, chiefly of the forehead and vertex, < by the least jar or motion, with drowsy and stupid condition, and exceeding irritability, without thirst. She is fatigued by the least exertion, has soreness and drawing pain in the lower portion of the left side of the chest, causing her to bend to that side; < lying on it, with shortened breath and gasping when awaking in the forepart of the night. The pain is sometimes absent for two or three days; always developed by fatigue; > by stretching, pressing the affected part with the hand, and walking in the open air. After a hearty meal, she has faintness at the epigastrium and nausea, continuing about half-an-hour; feels worse in stormy weather; disposition sad and despondent or excitable. *Rhus tox. m.* (F.), one dose dry. After a week she received *petrol.* 200, following at once by amelioration and ultimately by cure of the whole condition.

HYPERICUM SYMPTOMS.—Dr. Adams (*Med. Advance*, February)

relates a cure by *hypericum* 200, of which he gives a graphic description :—

“Miss W., æt 89, and a perfect wreck of womanhood, mentally and physically, had constant trouble with her bladder ; was afraid to go to a place of amusement, the desire to urinate was so frequent and uncontrollable. Could not take a short walk.” Had bearing down, fulness, a constant sense of discomfort and pain—all general symptoms and common to many remedies—but, in addition, she said : ‘The water passage feels hard, like a rubber tube, and is so sore, tender, and sensitive.’ On the general history of the woman, the general condition and symptoms, together with this most odd or peculiar symptom, I gave her *hypericum* 200. In less than a week the urinary trouble was greatly relieved, and, in a month, the hard, rubber-like condition of the urethra was nearly gone, together with the excessive sore sensitiveness. Her general health was also better, and she could take some interest in living.”

It is hardly fair to speak of this as a verification of a *hypericum* symptom since the symptom is not found in the pathogenesis of that drug as far as our search has extended. That it was a useful cure is not denied, and it illustrates the empirical employment of *hypericum* as a vulnerary—the ill-fitting pessaries, etc., being the traumatic agent in such cases. Dr. Adams himself mentions the existence of such an injury in another case :—“frequent micturition, worse at night ; quantity, small ; odour, offensive ; urine voided only when standing. The sensation of ‘hardness of her water passage, as though it was turning to bone,’ which led to the prescription of *hypericum* 200, which, within a few days, wrought a great change in the urinary trouble, so that she was able to urinate in an ordinary position and find great relief as to all these urinary symptoms.” Let us make use of these clinical symptoms (when necessary) with the clear understanding of their hitherto empirical character. Research may one day demonstrate them to be homœopathic ; until this has happened let them take their true place.

ANTISEPTICS IN BURNS.—A correspondent of the *British Medical Journal* (Nov. 21) says that a mild antiseptic ointment—say of *boric acid*—with vaseline as the basis, is a very efficient substitute for carron oil and zinc ointment or other like applications. Vaseline, unlike the usual fatty and animal substances, is not readily absorbed by a raw wound surface, and a dressing of it, therefore, when requiring a change, may, even after many hours, be peeled off a wound almost as when first applied, without the pain and bleeding which accompany often the removal of a dressing which has become at all adherent.

A. C. P.

GYNÆCOLOGY AND OBSTETRICS.

PERINÆORRHAPHY DURING PREGNANCY.—In this article a general review is taken of the whole question of surgical interference during pregnancy, the immediate motive being a very bad case of ruptured perinæum, successfully repaired by the author during the early months of conception. The patient was in a most dolorous state, suffering acutely from constant rectal incontinence and rectal catarrh, with loss of appetite and rapidly-increasing debility. The indications for early operation were summarised as—(1) Progressive debility from loss of appetite and diarrhœa; (2) the perpetual and burdensome discomfort of the condition; (3) the fear of a possible abortion induced by weakness; (4) the necessity for increasing the vital powers of the patient before delivery; (5) the removal of a decided risk of septic infection during the puerperium from the unhealthy condition of parts.

These considerations were held to outweigh the possible destruction of the new perinæum during the ensuing labour, and the risk of abortion induced by surgical interference. The decision was amply justified by the immediate and marked betterment in the patient, by the pregnancy going on to term, and by the intactness of the perinæum after the ensuing labour.

Concerning the more general question of surgical interference during pregnancy, the author accepts the axiom that in the presence of definite indications the concomitance of pregnancy offers no bar to the adoption of surgical treatment. He points out with some force that in the presence of abscess, malignant neoplasm, or other conditions menacing life, operative relief is demanded at once. On the other hand, operative traumatism exercises a very decided influence on the continuance of pregnancy. Ohlshausen states the average of abortions following ovariectomy during pregnancy as about 20 per cent. From surgical operations on the pregnant uterus itself, only seven cases, out of a total of 18, miscarried. Various other local operations—*e.g.*, for vesico-vaginal and recto-vaginal fistulæ, for fibrous polypus, for vulvar hæmatoma, &c., have been performed with no disturbance of the gravid state; but the fact still remains that *every* surgical interference during pregnancy carries with it a *proportionate* risk of determining the uterine condition. Qualifying this must always be considered the highly varying personal equation of the patient.

No data or statistics are given by the author as to the frequency of miscarriage following minor surgical work. He infers that as only a fifth of the cases requiring major operation miscarry, a notably less percentage of abortions follows

less severe surgical procedure. But narcosis alone, according to Gusserow, is occasionally, if rarely, followed by an interruption of pregnancy.—Weil, *Prager Med. Wochenschrift*, March 16, 1892.

ON THE PREVENTION OF PUERPERAL FEVER.—A most suggestive monograph from the Dresden Frauenklinik, embodying the methods and results in that institution during the last six years, and coming at the psychological moment when the scope of antiseptics in obstetrics is being determined by the experience of workers all over the world.

Clinical and bacteriological studies are daily amplifying the knowledge of possible sources of infection, and suggesting new procedures calculated to yet more rigidly exclude the danger of sepsis. The paper before us compares the results of careful abdominal palpation anterior to labour, an absence of vaginal examination during parturition, and an entire abstention from vaginal douching during the puerperium, with ordinary internal examination for diagnosis, and vaginal irrigation in the usual manner in the days succeeding delivery.

Tabulated statistics for the three years ending in 1888, and during which vaginal washing was a routine procedure, are arrayed side by side with the percentage results of the three years ending in 1891, no douching being practised during the latter period. As the average number of deliveries was 1,850 per annum, the data seem fairly comprehensive, and the former triennium shows about 80 per cent. of apyretic puerperia, as against the marked advance to 90 per cent. during the latter time. Immediately the vaginal irrigations were excluded, the normal puerperia increased by 10 per cent.

Combined with the cessation of the use of sublimate douches was the almost entire substitution of abdominal palpation for vaginal examination. To those who know the care and detail with which this method is carried out on the Continent, its usefulness will not be strange. The authors urge that every opportunity should be seized for its development, and that in the majority of cases no supplementary internal investigation is required. They attribute high importance in the prevention of puerperal fever to this substituted procedure, and state, in set terms, that those puerpera internally examined by even an aseptic finger have a notably less favourable convalescence than those examined by abdominal palpation only.

The scheme recommended by the authors as the net product of their extensive experience consists of—internal examination as little as possible and external examination as

much as possible, the most careful personal antisepsis, scrupulous cleansing of the external genitalia during the whole puerperium, and especially careful cleansing and disinfection of the vulva and its surroundings before every internal examination.

The paper abounds in statistics and technical data, and the time-period embraced in the communication has been thoroughly analysed for facts and indications.—Leopold and Goldberg. *Deutsche med. Wochenschrift*, March 31, 1892.

ON EXTRA-UTERINE GESTATION.—Professor Gusserow, of Berlin, having recently completed his twenty-fifth professorial year, it was determined by his friends and pupils to celebrate the event by the issue of a *Festschrift*. This took the form of a special number of the *Archiv für Gynäkologie*, the monographs in which are of unusual importance and interest, as befitting the occasion. And the place of honour is accorded to the theme of extra-uterine gestation, on which subject some elaborate and lengthy articles are contributed.

The chief interest of these papers is focussed round the clinical diagnosis, and the measures for treatment. The whole subject of preliminary diagnosis is entirely one of modern date, and hitherto only crudely developed. The most distinguished English gynæcologist declared only a few years back that its early detection prior to catastrophe was almost impossible. An accumulating mass of operative material has led him in later times to modify this statement, but even yet the early signs and the initial clinical symptoms are so little known, and withal so important, that the series of cases embodied in these articles is of the highest clinical value.

Analysis shows that in 19 cases the earliest symptom was, of course, *menstrual cessation*, the period, or, rather, a hæmorrhagic flow, returning at dates varying from six weeks to two, three, or four months, in one case nine months, after the last normal menstruation. In three cases there elapsed not more than a month before the recurrence of irregular bleedings; in these instances, however, diagnosis was founded not on foetal parts, which were absent, but on the sole evidence of decidual cells or chorion villi.

The next occurring symptom in most cases was the sudden introduction of *unusual and severe pains, general cutting*, in the lower abdomen. With these were often combined, but less severely, sacral and dragging pains, and the main features seemed to be their easy recurrence on exertion, and their discontinuance in the horizontal posture. Such pains occurred in various cases from the sixth week onward; some-

times they preceded, sometimes accompanied or followed the renewed hæmorrhagic flow, and occasionally were entirely absent.

A *decidual membrane* was expelled from the uterus in six instances. Sometimes it constituted an entire uterine cast, sometimes it was shreddy, and the expulsion was usually attended with considerable pain. Examination generally showed the free surface to be quite smooth, the uterine surface to be shaggy and rough. Occasionally the expulsion occurred with no accompanying bleeding of note.

Other signs of pregnancy, in greater or less number, were wanting in but few cases. The cervix was usually markedly, but not considerably, enlarged. The portio vaginalis was often soft, and the vagina livid in tint. Colostrum was sometimes demonstrated in the breasts, these organs being somewhat enlarged, and in one case foetal movements were felt; in another, all the signs of early pregnancy, including pigmentation of the linea alba, were present; and in yet another instance, the appetite underwent some extraordinary vagaries previously experienced during normal pregnancies.

Signs of internal hæmorrhage—*e.g.*, sudden faintness, tinnitus aurium, blanched skin, and cold perspirations, acute abdominal pains, and sense of approaching death, were noted when the catastrophe of tubal rupture occurred.

Next in importance to the correct diagnosis is the effective treatment of ectopic gestation. The methods here adopted may be classified in three series: (1) Expectant treatment; (2) elytrotomy, or operation per vaginam; (3) abdominal section, with enucleation or resection of the gestation sac.

(1) We scarcely expected that so deservedly respected an authority as Professor Wyder would countenance the *quieta non movere* plan, in the face of the undoubted occurrence of intra-abdominal hæmorrhage. Two cases treated on this plan are reported, one of which, after a long convalescence, in which hectic symptoms were pronounced, seems to have barely escaped with her life. The second case was not quite so protracted, the patient leaving the Klinik before convalescence was complete; but the marked indications of blood extravasation, of acute abdominal pain, and of pyrexia, are usually—nay, even always—of too great gravity to be safely left to the tender mercies of expectancy.

(2) *Elytrotomy*.—In four of Professor Zweifel's cases this plan was followed, but in three out of the four a supplementary laparotomy was necessary. In the first case the bleeding was so free that an immediate abdominal section was necessary in order to complete the hæmostasis. The placenta had been

unwittingly wounded, and hence the hæmorrhage. The patient died. In an appended review of this subject, Zweifel recommends that when elytrotomy be performed, every preparation for abdominal section be simultaneously made. Surely the information gained by the latter proceeding as to the condition and relations of the gestation sac vastly outweighs the assumed milder nature of the vaginal operation.

(8) *Laparotomy, with extirpation or resection of the gestation sac.*—With this, the ideal plan of procedure, the results were by far the most satisfactory. Limiting our notice to the methods adopted of dealing with the placenta, we find that in each case the plan varied according to special requirements. The entire removal of the placenta, the necessity for leaving it in the gestation cavity for slow detachment, the complete removal of a tube with the afterbirth *in situ*, the curettisation of the inner walls of a sac, all these schemes were dictated by the special requirements of each case. But the best English opinion is decidedly adverse to a later suggestion of Zweifel, *i.e.*, to rapidly detach the placenta and arrest the bleeding by tamponade,—Zweifel and Wyder. *Archiv für Gynäkologie*, Band 41, 1891. *Manchester Medical Chronicle*, April, 1892.

GEO. BURFORD.

DISEASES OF CHILDREN.

INFECTIOUS BRONCHO-PNEUMONIA OF INTESTINAL ORIGIN.—Drs. Gaston and Léopold Renard (*Rev. mens. des maladies de l'enfance*) following the lead of Dr. Sevestre, seek to make a separate class of cases where broncho-pneumonia arises in the course of enteritis or diarrhœa, and attribute the pulmonary lesion to infection. Clinically there appears to be no very good ground for such distinction. The symptoms of the lung trouble are modified, as one would expect them to be, by the condition in which the patients are found at the onset of the lung complication. A case of ordinary severity may last a week or more; if the diarrhœa is choleraic death may occur from asphyxia and collapse in 48 hours. Typhoid and remittent varieties are also described.

As complications, bullæ, simple erythema, or a crop of small abscesses may occur.

The bacteriological observations of the authors show that the staphylococcus and the bacterium coli were found in 7 cases out of 21, either alone or together with other bacteria.

INCONTINENCE OF URINE AND HYPERTROPHY OF THE SPLEEN.—In the children's hospital at Bucharest two cases of intermittent fever, from a very aguish district, presented the phe-

nomenon of incontinence of urine. The incontinence had come on after the onset of the attacks of ague, and was associated with a spleen so enormously enlarged as to press directly upon the bladder, and by thus irritating it to cause incontinence. The urine was voided involuntarily whenever the patient ran or jumped. When under treatment the size of the spleen diminished somewhat, the involuntary micturition ceased. No phimosis or other local malformation or malady was present. —*Ibid.*

NOCTURNAL ENURESIS.—*The New York Medical Times* gives the following differentiations of medicines most commonly homœopathic to this troublesome and often intractable disorder:—

“In young children who are restless at night, talk or moan is their sleep, and are inclined to cerebral congestion, *belladonna*, one drop of the tincture at bedtime, will remove the whole trouble. In many cases a fraction of a drop is sufficient. Children are very tolerant of *belladonna* and there may be no fear in administering it. *Benzoic acid* will be found an excellent remedy when the urine is very offensive. *Cantharis* in doses of a fraction of a drop will be found useful where the secretion burns on being voided, there is strangury and frequent desire to pass water. *Equisetum hyemale* is one of the newer remedies, and it has been much lauded in this affection. It is useful in cases where there is great irritation, the pain and tenderness not being relieved by micturition. There is constant desire, with scanty flow of high-coloured urine. *Sepia* is most often indicated in girls, but when there is excessive deposit of urates, it will be found useful in any case. There is frequent desire with a feeling of distress.”

SUBCUTANEOUS SALINE INJECTIONS FOR GASTRO-ENTERITIS.—*The Bull (rén. de Thérap.* (May 80) quotes from *Médecine moderne* a case of gastro-enteritis in a child of 4½ months. The child appeared to be *in extremis*. After the failure of ordinary methods an injection of 120-150 cc. of a 6 per mille solution of *chloride of sodium* was made into the thighs. Centripetal massage was used to facilitate the absorption and diffusion of the fluid. The condition of the little patient immediately improved, and nourishment was once more able to be retained. Antiseptic cleansing of the skin was adopted, and the solution was prepared at a temperature of 42°-45° C (107.6° F—118° F) to allow for cooling.

GONORRHOEAL RHEUMATISM.—Balanitis and vulvo-vaginitis are sufficiently common amongst the children of dirty and poverty-stricken homes, and in little girls whose habits are cleanly the occurrence of a vaginal discharge is by no means

uncommon. These conditions are happily of a simple nature and easily remediable by attention to cleanliness, proper feeding, &c. Only rarely does the history of such cases, together with their resistance to treatment, cause a suspicion of a specific element to be entertained. Still more rarely in young children does the further stage of gonorrhœal poisoning manifest itself in the form of arthritis. Hence the interest attaching to two cases, reported by Bécère, of gonorrhœal rheumatism in such subjects. The first was a little girl of 5½ years who had been violated, and in whom urethritis and vulvo-vaginitis were set up. During the course of this condition arthritis of the wrist joint and synovitis of the extensor tendons developed. The second case was in an infant of 20 months with vaginal discharge, due apparently to want of cleanliness and care on the part of the mother who herself suffered from gonorrhœa. In this case the tibio-tarsal articulation became inflamed. Bécère finds only two parallel cases on record, but draws attention to the observations of Deutselimann, who has seen joint-complications in two infants of three weeks suffering from gonorrhœal (or purulent) ophthalmia. The progress of none of the cases is reported.—*Ibid.*

SCORBUTIC HÆMATURIA IN AN INFANT.—The importance of what Dr. Cheadle justly calls the anti-scorbutic element in the diet of infants is well illustrated by a case reported in the *Lancet* (June 11th, p. 1,297). A boy of seven months had been fed exclusively on condensed milk and a pancreatised "infant's food," with the exception of a few days of raw meat juice, which had been discontinued because it was disliked. He became pale and restless about two months before he came under observation, and began to emaciate. About a month later the urine became red and remained so. On examination the child was found to have rickets and had a pale, earthy complexion. He had no ecchymoses of skin or mucous membranes, and the viscera and action of bowels were normal. The urine contained a large quantity of albumen, with red blood cells and leucocytes. No casts were seen. No medicine was given, but fresh cows' milk and raw meat juice were administered. The next day the urine became clear and only once afterwards was somewhat pink. An interesting feature in the case is the absence of sponginess of gums even though two teeth were present. Toothless gums do not become spongy. During the progress of the disease, before treatment, the child manifested a great relish for the juice of an orange which he was given to suck, but as he was sick after it the orange juice was not given again.

EDWIN A. NEATBY.

OPHTHALMOLOGY.

CHEMOSIS OF THE CONJUNCTIVA AND LID CAUSED BY THE INGESTION OF A SINGLE GRAIN OF QUININE.—Dr. Swan Burnett, of Washington, reports the following case:—Mrs. W. H. R., age 32, came on March 6th, 1891, with a marked clear chemosis of the outer part of the bulbar conjunctiva and the lower lid of the right eye. On making inquiry as to the cause she stated that an hour before she had taken one grain of *sulphate of quinine*. It appears that she has always been peculiarly susceptible to the influence of *quinia*. In early life, whenever taken in any quantity, it produced urticaria. Three years ago, however, she was able to take it without unpleasant manifestations, but one year ago her physician, Dr. Busey, prescribed four grains, and in one hour it was followed by a marked chemosis of the lids and conjunctiva of both eyes. This subsided in about two days. It was looked upon as a mere coincidence, and some months later the *quinia* was repeated with the same result as regards the chemosis. This morning at nine o'clock she ventured to take a single grain with the result as described. Vision was not impaired, and there were no unpleasant general manifestations. The chemosis subsided in about forty-eight hours.—*Archives of Ophthalmology*, April, 1892.

C. KNOX SHAW.

NOTABILIA.

OFFICIAL TEACHING OF HOMŒOPATHY.

At the last meeting of the British Homœopathic Society, Dr. Hughes suggested that the Gresham University Commission now sitting should be approached with reference to the necessity of authoritative instruction in homœopathy being provided by the new University. Dr. Hughes' proposal, the text of which we print below, was seconded by Dr. Arthur Clifton, and was discussed and carried unanimously. A memorial to the Commission embodying Dr. Hughes' remarks has been drawn up, and after being signed will be forwarded to the Commission now sitting, with the request that they will be pleased to receive one or more of the signatories at an early date.

“The need of systematic and organised teaching of homœopathy has long been keenly felt among us, and was the motive which prompted the establishment of the “School” in 1877. That effort ultimately failed, but the want it was intended to supply still remains, and we ought to have our eyes open to

every quarter whence help may possibly come. The probable establishment, under Royal Charter, of a Teaching University in London seems to me to open such a prospect. I am advised that if we are to get any *locus standi* in this Institution, we should approach the Royal Commission now sitting to make enquiry about it; and I propose that the Society should appoint a committee of five to draw up a memorial to the said Commission, stating our views and asking to be heard before it.

“The memorial I am contemplating would be something to this effect:—

“It should first be urged that a University, as its name implies, should embrace every branch of actual knowledge; that homœopathy, by its century of history, its abundant literature, and its wide diffusion throughout the old and new worlds, demanded a place in medical education which the authorities of the profession—blinded by traditional prejudice—would not give it; and that it was for the State, rising superior to differences of opinion, to recognise facts, and provide for their being studied and taught. But further, I would have it argued, there are some hundreds of thousands of her Majesty’s subjects in these kingdoms who habitually seek homœopathic treatment when they are ill. Whether they are mistaken or not in this choice, they have a right to ask that provision shall be made for training practitioners in the system of medicine they prefer, and that they shall have some means of recognising those who have received such training. This boon they cannot receive from private effort, students needing a certain curriculum through which they may pass the portals of the profession, and “fighting shy” of teaching which would not help, and might, indeed, prejudice them in attaining this goal. Here again the State should come in, with equal hand providing for all its children.

“If the first consideration only prevailed, the thing to be sought would be liberty to establish and endow, in the new University, Professorships of any genuine branch of human knowledge—among which, to obviate possible hindrance from governing bodies, homœopathy should be instanced by name. This, however, good thing as it would be, would not meet the second need, the same disability attaching to it as to teaching by private effort. To provide medical men capable of practising homœopathically to the best advantage, Professorships of *Materia Medica* and of the Practice of Medicine should be instituted in the new University, to which the British Homœopathic Society should be invited to nominate. Students in any of the Medical Colleges of the University should be at liberty to take these courses of the curriculum at the Homœo-

pathic Chairs, and should be examined for their degree in the subjects taught from them by examiners—other than the Professors—selected by the same Society. This is the plan adopted in the State University of Michigan, U.S.A., and it is working there with most satisfactory smoothness and success.

“All this should be put forward suggestively and tentatively only, and the Commission should then be asked to receive a deputation from the Society which might lay its views more fully before the members, and be questioned upon them.

“I would therefore move, according to notice:—‘That a Committee be appointed by the Society, to open communications with the Gresham University Commission, with a view of seeing if, in the new Teaching University for London, provision can be made for instruction in the theory and practice of Homœopathy;’ and I would nominate as members of such Committee, the President, the Hon. Secretary, Dr. Yeldham, Dr. Dudgeon, and myself.”

ANNUAL MEETING AND REPORT OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE annual meeting of this Institution took place on May 31. Mr. J. Pakenham-Stilwell occupying the chair. There was a fair representation of the Governors, Donors, and Subscribers of the Hospital, and also of the Medical Council and the Staff of the Hospital. During the meeting many touching allusions were made to the loss of Major Vaughan-Morgan, to whose life and death the report refers in suitable feeling terms.

The financial year, 1891-92, began with a deficit of £534, which unfortunately, a reduction of expenditure and a considerable lessening of the number of beds in use has failed to reduce by more than a few pounds. The total number of in-patients was 792, as compared with 798 the previous year, and 880 in 1889-90—the highest total reached by the Hospital on any occasion. In the out-patient department 9,924 cases were seen, including 8,406 renewals, while 598 patients were visited at their own homes.

The income for the year amounted to £6,183, and the expenditure to £6,159. The steady progress of the private nursing work of the Hospital is most gratifying. We understand that even the large staff stated to be “always kept in readiness” is often inadequate to the calls made upon it. The receipts were £2,507.

The report dwells with satisfaction on the rapid acquirement of the £30,000 first asked for to enable the building of the new hospital to be commenced. With respect to the immediate future we quote the concluding hopeful sentences of the report.

“The plans having been approved in principle by the Board after careful consideration by the Medical Staff, and receiving the recommendation of the Building Committee, their realisation will now go forward immediately on the settlement of an offer made by the Board for a most desirable extension of the site so as to allow the building operations to be actively carried on without interference with the current work of the Hospital. The Board feel sure that all the Governors, Donors and Subscribers will concur in their view that during the months which must elapse before the new building is ready for occupation, the important and much-needed work of this Hospital should not be allowed to stop. The question of the extension of site approaches a settlement, and the Board may confidently state that active preparations for the long-desired new Homœopathic Hospital will commence at an early date.

In the realisation of the architect's plans, the Board have resolved that the work of rebuilding should proceed with careful regard to the number of in-patients which the annual income of the Hospital, and such additions as they can reasonably expect, will allow, and that nothing should be undertaken which may involve a burden of financial difficulties in future years; and, therefore, they propose to erect the first portion of the new building so as to afford, when ready for occupation, a capacity for carrying on the full annual work of the Institution. But the construction is designed in such a manner as will allow the capacity to be ultimately carried to the total of 120 beds, as originally proposed. They have perfect confidence that as the work of the Hospital grows, so the annual support of the many friends and adherents of the Homœopathic system will increase, and that the larger Hospital will become, in due course, *un fait accompli* without danger to the financial stability of the Institution.

HOMŒOPATHY IN ANTWERP.

It will be within the recollection of our readers that last autumn the Town Council of Antwerp established a Communal Homœopathic Dispensary. The Medical Society of Antwerp thereupon resolved that no medical man of the City should apply for a position on the staff of the general dispensary until the homœopaths, appointed by the Town Council, had withdrawn. About the same time that Drs. Lembrechts, *filis*, and Schmidt were elected, two vacancies occurred among the old school physicians. Two candidates applied to be allowed to fill them, and their applications were duly confirmed. Upon this, we learn from the *Revue Belge*

for March (received June 22nd), that the Medical Society met in a rage—*une fureur indescriptible*—and publicly censured these gentlemen for joining the dispensary. They, on their part, considering that their honour and reputation were likely to be compromised by such censure, brought an action for defamation of character against the president and secretary of the society, claiming 5,000 francs damages.

The Court of Antwerp gave a verdict for the plaintiffs, assessing the damages at 800 francs, and ordering the publication of their judgment in any journal chosen by them.

VAUGHAN-MORGAN MEMORIAL.

At a meeting of the Vaughan-Morgan Memorial Committee, it has been decided that as a first step towards a suitable commemoration of the great services rendered by the late Major Vaughan-Morgan to this hospital, to the Homœopathic Convalescent Home at Eastbourne, and to the cause of progress in medicine generally, a portrait bust of Major Vaughan Morgan should be executed in marble and placed in the New Hospital. We have no doubt that many of our readers will be glad of an opportunity to show their practical approval of this "first step," and we trust that the generosity of the subscriptions will soon render possible a "second step," such as we suggested in our obituary notice of Major Morgan. The extension of the Eastbourne Home or the consolidation of the London Homœopathic Hospital would be thoroughly consistent with the philanthropic spirit of the late Major Morgan, and would be the form of memorial most in accord with his tastes.

We are able to announce the following preliminary list of subscriptions. Mr. G. A. Cross, of the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, honorary secretary of the memorial committee, will gladly receive and acknowledge further contributions.

	£	s.	d.		£	s.	d.
Miss Barton ...	5	5	0	Wm. Debenham, Esq. ...	5	5	0
Miss Isabella Barton ...	5	5	0	Dr. Dudgeon ...	1	1	0
A. Ridley-Bax, Esq. ...	3	3	0	James Epps, Esq. ...	21	0	0
Major W. M. Bell ...	1	1	0	Dr. Washington Epps ...	1	1	0
Dr. Galley Blackley ...	1	1	0	Dr. E. J. Hawkes ...	2	2	0
Col. Jas. Clifton Brown	5	5	0	Dr. Richard Hughes ...	0	10	6
Dr. Dyce Brown ...	5	5	0	Dr. Edwin A. Neatby ...	1	1	0
Dr. Alfred H. Buck ...	1	1	0	Alfred Robt. Pite, Esq.	5	5	0
Dr. Burford ...	1	1	0	Dr. A. C. Pope, Esq. ...	1	1	0
Dr. T. W. Burwood ...	3	3	0	H. W. Prescott, Esq. ...	2	2	0
Dr. A. Midgley Cash ...	1	1	0	Dr. A. R. Shaw ...	2	2	0
Dr. J. Say Clarke ...	5	5	0	Miss J. Durning Smith	5	5	0
Mrs. J. Say Clarke ...	5	5	0	Henry Tate, Esq. ...	3	3	0
G. A. Cross, Esq. ...	2	2	0	Dr. Yeldham ...	1	1	0
Thos. D. Galpin, Esq. ...	5	5	0				

SUDDEN DEATH OF DR. ADIE.

It is with much regret we have to announce the death of Dr. Alfred Arthur Adie, of Wigan, who died very suddenly at his residence in Standishgate on Sunday morning, 12th ult. It appears that Dr. Adie had not been in good health for three or four days, and on Saturday he remained at home the whole of the day. He retired early, and nothing unusual was noticed till the following morning. The housemaid knocked at the door, and receiving no answer went into the room. The doctor was lying in a natural position, and was to all appearances asleep; but he did not answer her call, and going downstairs the domestic asked Dr. White, whom Dr. Adie had engaged to act as his *locum tenens*, to go and see him. This he did, and was startled to find that Dr. Adie was dead. Communications were at once made with the friends of the deceased. What makes the occurrence more lamentable is the fact that Dr. Adie should have been married on the following Tuesday; all arrangements had been made for the event, which death rudely declared was not to be. At the time of his death none of the deceased's relatives were with him. The greatest sympathy has been expressed for the family and for the young lady in this sad bereavement, and sincere regret is felt that a life so promising should be so soon at an end. The deceased was about thirty years of age, and belonged to Voe, in the Shetland Islands, where his family are well known and highly respected. He was a student at St. Andrew's University, where he went through the arts examination, and afterwards studied for the medical profession. On receiving his diploma he came to Wigan, and acquired the practice of Dr. Abbot, who was leaving the town for the South of England. His genial manner and kindly disposition won him a large circle of friends, to whom the news of his death came as a shock. The remains were removed on Tuesday, and on Wednesday were interred in Shetland, where the other members of the family are buried.—*Wigan Observer*, June 18th.

We are requested to state that a successor is required to Dr. Adie's practice. The opening is a good one for a well-qualified and experienced homœopathic practitioner.

DR. BARTHOLOW.

We regret much to learn from the *North Amer. Jour. of Homœopathy* of the terrible illness which has prostrated the Emeritus Professor of Materia Medica at Jefferson College, Philadelphia, and author of the well-known treatise on *Materia Medica and Therapeutics*. His mental condition has,

we are told, necessitated his being placed in an asylum. Referring to this, *The Times and Register* says :—" Hard work, no rest, no sabbath, no vacation ; by this means his powerful intellect carried him to the forefront of his profession ; but at last outraged nature reached her limit of endurance, and the breakdown was complete." Commenting upon this, the *North Amer. Jour.* says :—" Dr. Bartholow's case is only startling or surprising from a point of individual prominence, and his untimely fate should appeal to the judgment of many of our professional enthusiasts who, fired with the zeal born of their noble calling, disregard the most elementary principles of health and hygiene."

REMOVAL OF ENORMOUS OVARIAN CYST AT THE LONDON HOMŒOPATHIC HOSPITAL.

A fortnight ago there was performed, at the London Homœopathic Hospital, by Dr. Burford, an abdominal section quite phenomenal in its magnitude and difficulty. The case was one of those happily rare instances of mammoth ovarian tumour, whose dimensions were almost incredible. Before operation the patient measured nearly two yards in abdominal girth, and the other measurements were corresponding. The tumour contained nearly seventy pints of fluid (much of which had been removed by a previous aspiration), and even after this had been evacuated the solid part of the mass still was huge enough to weigh nearly ten pounds. It was necessary to remove the uterus also ; but in spite of these forbidding complications, we are informed the patient is making a splendid recovery.

NOTES FROM AMERICA.

NORTHERN INDIANA AND SOUTHERN MICHIGAN HOMŒOPATHIC MEDICAL ASSOCIATION.—The *South-Bend Daily Tribune* (May 18th) gives an account of the second semi-annual meeting of this learned body. A goodly number of members—some well-known men—were present, and the papers read included the following: *The Third Stage of Labour*, by John Borough ; *Membranous Dysmenorrhœa*, by Dr. Chaffer ; *Care of Infants*, by Dr. Julia Godfrey ; *Case of Laryngismus Cured by Nux Vomica*, by Dr. Bachtel, etc.

* * * * *

DR. DILLOW, we learn, is retiring from the editorship of the *North American Journal of Homœopathy*, which he has conducted for seven years with zeal and ability. He is succeeded by Dr. E. H. Porter, who has our fraternal congratulations and good wishes.

* * * * *

THE AMERICAN INSTITUTE OF HOMŒOPATHY will have concluded its annual meeting (held this year at Washington) before this number is in our readers' hands. A gathering of not less than 2,000 members was expected, but the news of the meeting will reach us too late for insertion in our July issue. The institute is looking for an addition of 300 new members this year. It is a pity to do things by halves!

* * * * *

THE HOMŒOPATHIC CLINICAL CLUB is the title of a new society at Scranton, Pa., for the purpose of bringing clinical cases of more than common interest before the club for general discussion, and to bring out from all the members suggestions as to the best method of treatment for such cases. It is also expected that this club will more closely unite the homœopathic profession in Scranton, and so more positively further the progress of *similia* in north-eastern Pennsylvania.

* * * * *

CHICAGO is to have a new college and hospital, which shall be equal in every way to any in the country. The trustees in executive session have voted to expend at once \$110,000 upon a college and hospital; plans and estimates are in preparation. The building is to be ready at the opening of next winter's course of lectures. The graded course has been adopted with the beginning of the three years' course, and now amphitheatres, laboratories, and every modern medical necessity is to be given the Faculty to enable them to continue to give to the students of "Old Hahnemann" a thorough practical course of medicine. More details will be given at a later date.

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NEW JERSEY.—It is reported that wealthy residents of Paterson and Passaic City, are negotiating for a tract of land upon which to establish a free homœopathic hospital.—*Hahnemannian Monthly*, June, 1892.

LARYNGOLOGY AT THE LONDON HOMŒOPATHIC HOSPITAL.

THE Board of Management having sanctioned a new outpatient department for the treatment of diseases of the throat and nose, are prepared to receive applications for candidates to fulfil its duties. Applicants must be legally qualified, and must be or become members of the British Homœopathic Society. Applications, with any testimonials, must be sent to the Secretary not later than July 18th.

ON TAKING FLUID WITH MEALS.

UPON this matter Mr. Hutchinson remarks in a recent number of his *Archives*: I observe with pleasure that the verdict of general experience and common-sense has been confirmed by scientific experience. Dr. Tev. O. Stratievsky, of St. Petersburg, after elaborate trials, has found that fluids materially assist in the assimilation of proteids, and announces the following conclusion, which is to be hoped no future experiments will controvert: On the whole, the widely-spread custom of taking fluids during or just before one's meals proves to be rational and fully justified on strict scientific grounds. To take fluids with the meals is almost as important an adjunct to digestion as is the mastication of solid food preparatory to swallowing it.—*N. Y. Med. Jnl.*

A NOVEL METHOD OF ESTIMATING THE QUANTITY OF SUGAR IN URINE.

THE following is from the *American Druggist*: Prepare a one per cent. solution of grape sugar in healthy urine, pour it on a soup plate; on another plate pour an equal volume of the diabetic urine; evaporate both to a syrupy consistence, then expose both plates in a place where there are flies. After ten or fifteen minutes count the flies on each plate, divide the number on the diabetic urine by the number on the grape solution, which will give the percentage.—*N. Y. Med. Jnl.*

THE NURSING DIRECTORY.

"THE NURSING DIRECTORY," containing the names, qualifications, &c., of all registered nurses throughout the kingdom, together with a mass of other useful and reliable information, has been issued by "The Record Press, Limited," 876, Strand, W.C.

MARKET PLACE ANATOMY.

A QUACK doctor stood on his wagon at the street corner selling his cure-all. A group of people gathered about him, and he undertook to explain to them the anatomy of the throat. "My dear friends," he began, "perhaps you don't know it, but there are two passages that go from the back of the mouth to the stomach. One is called the *æso*phagus and the other *æso*phagi. Now, the solid victuals go down the *æso*phagus and the liquids down the *æso*phagi. Over the top of the holes is a cover with a hinge in the middle, and when you swallow beefsteak the little door over the *æso*phagus

flies open, and the little door over the œsophagi drops down, and *vice versa* when you take a drink of coffee." This description proved too much for a farmer who stood on the edge of the crowd. Shaking with laughter, he remarked in a loud tone: "Gosh, but those doors must go flipper flopper when a fellow eats bread and milk!"—*Youth's Companion*.

CORRESPONDENCE.

A WORD FOR HAHNEMANN'S PHARMACY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—With your leave I will say a few words in reply to Dr. Alexander's remarks in your last, and in defence of Hahnemann and his teaching.

Dr. Alexander's last case does not prove, as his former cases did not prove, the superiority of "high potencies" over Hahnemann's preparations. It only shows that a case of periodical neuralgia over the left eye and temple following influenza, after having been treated for some time—not named—with *acon. 1x*, *arsen. 8x*, and *spigel. 8x*, ceased after the administration of one dose of the thousandth "fluxion potency" of *cedron*. Dr. Alexander says the cure by this one dose of this remedy was "indubitable." It may so appear to him, but is it certain that the course of *acon.*, *ars.* and *spig.*, continued for several days, had nothing to do with the cure? And is it at all extraordinary to find neuralgia after influenza ceasing after a few days under all sorts of treatment, and even without any medicinal treatment at all?

I would ask those who contend for the superiority of the "high potencies": are we to abandon Hahnemann's pharmaceutical teachings—to give up his pure, accurate and scientific method of making the medicinal preparations we employ, and to adopt the impure, inaccurate, unscientific methods of the high potentisers?

If we are to make this enormous change in our pharmaceutical method, let us at least have some approach to scientific argument in its favour, and not the mere recital of ill-recorded cases of "marvellous cures" by these more than doubtful preparations.

We must remember that Hahnemann was not only a great physician but he was an eminent chemist and a skilful pharmacist, the author, indeed, of a *Pharmaceutical Lexicon*, which was long a standard work in his own country.

Can any of those who now wish to upset Hahnemann's carefully thought-out pharmaceutical method compare with him either as physician, chemist, or pharmacist?

That Hahnemann was deeply solicitous about the observance by his followers of his mode of preparing the medicinal dilutions is evident from the detailed descriptions he gives of it in the *Organon*, the *Materia Medica Pura*, and the *Chronic Diseases*. If further proof of the importance he attached to it is wanted, it may be read in the two letters of Hahnemann I communicated in the June number of the *Hom. World*.

Dr. Alexander had treated his case of neuralgia with medicines in the first and third decimal dilutions, but when he gave *cedron* he selected the thousandth dilution, "because," says he, "I believe that when a drug is very accurately indicated the higher it is given the more quickly will the patient be cured." But even taking the symptomatology of the drug from Hering's *Guiding Symptoms*, it does not strike me as being "very accurately indicated." Hering says: "Time, 7 or 8 p.m. Chronic intermittent prosopalgia." But the case was acute intermittent supra-orbital neuralgia, recurring at 6.50 a.m. Hering says: "Fever,—miasmatic fever of low marshy regions in warm seasons and tropical countries; chill returns with clock-like regularity." But there was no fever, consequently no regularly recurring chills. The preceding influenza cannot be called a "miasmatic fever of low marshy regions," &c.

The periodicity of *cedron*, it should be remembered, is only noted in respect to the feverish symptoms, and in one prover it was very well marked. "Intermittent prosopalgia" is not in the pathogenesis, it is probably derived from clinical experience.

The only point of resemblance between drug and disease symptoms is the pain over left eye. The *cedron* pain is described as "shooting" in character; we are not told what was the character of the patient's pain. If it was "shooting" too, then I do not see what was to distinguish it from the "shooting pain over the left eye" to be found in the pathogeneses of twenty-four other medicines. One can hardly say that *cedron* was "very accurately indicated" in this case; indeed it seems to have been, on the contrary, very slightly indicated, so that the reason for selecting the thousandth dilution in place of a Hahnemannian preparation is not apparent.

Hitherto we have not been given any sufficient reasons for discarding Hahnemann's and adopting the high potentisers' preparations. No proof has been offered that the new are better than the old dilutions. Until this is decisively and indubitably shown, the desire every practitioner must feel that the medicines he uses should be made with purity, accuracy and simplicity, not to speak of *pietas* towards the illustrious

founder of our system, should lead us to stick to the method Hahnemann so repeatedly declared to be the best, and which must commend itself as such to every reflecting mind.

Your obedient servant,

7th June, 1892.

R. E. DUDGEON.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Dr. EUBULUS WILLIAMS has removed to 5, Harley Place, Clifton.

Communications have been received from Dr. DUDGEON, Dr. BLAKE, Dr. E. A. COOK, Mr. KNOX-SHAW, Mr. G. A. CROSS (London); Dr. ABBOT (Preston); Dr. E. WILLIAMS (Clifton); Dr. DRUMMOND (Malvern).

BOOKS RECEIVED.

What is Homœopathy? A New Exposition of a Great Truth. By Wm. H. Holcombe, M.D. Philadelphia: Boericke & Tafel. 1892.—*Sea Sickness and its Treatment by Chlorobrom.* London. 1892.—*The Homœopathic World.* London. June.—*The Chemist and Druggist.* London. June.—*Monthly Magazine of Pharmacy.* London. June.—*The Nurses' Journal.* London. May.—*North American Journal of Homœopathy.* New York. May and June.—*The American Homœopathist.* New York. May.—*The New York Medical Times.* June.—*The New York Medical Record.* May and June.—*"Printers' Ink."* New York. May.—*The New England Medical Gazette.* Boston. June.—*The Hahnemannian Monthly.* Philadelphia. June.—*The Homœopathic Physician.* Philadelphia. May.—*The Clinique.* Chicago. May.—*The Medical Advance.* Chicago. May.—*The New Remedies.* Chicago. May and June.—*The Homœopathic Recorder.* May.—*The California Homœopath.* San Francisco. May.—*The Southern Journal of Homœopathy.* New Orleans. April and May.—*The Homœopathic News.* St. Louis. May.—*Minneapolis Homœopathic Magazine.* Jan.-May.—*The Homœopathic Envoy.* Lancaster. June.—*South-Bend Daily Tribune.* May 13, 1892.—*Bull. Gén. de Théraputique.* Paris. June.—*Leipziger Pop. Zeitschrift für Homœopathie.* June.—*Gazetta Medica di Torino.* June.—*Rivista Omiopatica.* Rome. May.—*Homœopathisch Maandblad.* The Hague. June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

PRESIDENTIAL ADDRESS.*

By C. KNOX SHAW.

GENTLEMEN,—I had intended the paper I read to you last night to be the Presidential address at the close of this present session, but the exigencies of the laws of the Society, which I did not discover until the last moment, compelled it to be otherwise. It is my duty, as well as my pleasure, to close the work of the year by saying a few words to you. In doing so I shall probably be creating a record, for I anticipate that this will be the shortest Presidential address extant. There has been so very much discussion this evening arising out of my suggestions, in which naturally I have had to take a considerable part, that you will not expect me, nor desire me, to weary you much longer. Our Secretary informs me that we have this evening a larger number of members on our roll call than we have had since he has been connected with us, and I most earnestly hope that he will be able next year to tell us that we have had an unprecedented addition to our numbers. During the year twelve new members have joined us, whilst four of our old members have qualified for the more dis-

* Read before the British Homœopathic Society, June 30th, 1892.

tinguished position of Fellows. The hand of death, ever busy, has passed over the Society and removed from us Dr. Mathias Roth, of Divonne. Nearly all of us can remember his period of Presidentship, marked by his kindly and courteous manner. Lately he had lived abroad in retirement, and thus closed what had been an active membership since 1869.

Later we received the news that one of our older members had been taken. As far back as 1854, Dr. Drury first joined the Society and he evinced great interest in its work. For five years he was the secretary of the Society, and during that time he, by his activity and judgment, materially improved the financial position of the Society by collecting £600 of arrears, which shows that even in those days some members of the Society added by their shortcomings to the labours of the Secretary. He next became Vice-President, and was finally President for two years.

Three members have resigned, but it is not beyond hope that under the contemplated improvements in the organisation of the Society we may again number some of them amongst us.

Our attendances this year have been kept up, and on several occasions have been above the average, the value and interest of many of the papers no doubt tending to this. Nothing is to be gained by reading out a list of them, are they not chronicled in the *Monthly Homœopathic Review*? Those who were present at our clinical evenings will, I hope, have perceived an improvement in their management, and I am sure if it were realised how much good material is exhibited at these evenings, men, especially those who do not hold hospital appointments and so do not have the opportunity of seeing so easily collections of unusual and interesting cases, would make a greater effort to attend. It is possible that in the future these evenings may be still further improved.

And now, gentlemen, may I enter upon the personal part of my address, and thank you very heartily and warmly for the very kind way you all—vice-presidents, officers and members—have supported me during my year of office. I shall ever remember it as a period of pleasant duty lightened by the goodwill of my colleagues and co-workers in the field of advanced therapeutics.

THE FUTURE OF THE BRITISH HOMŒOPATHIC SOCIETY.*

By C. KNOX SHAW, Esq., President of the Society.

WHEN last year you did me the unexpected honour of electing me the President of your Society, I naturally felt the responsibility of the position I was called upon to hold for many reasons. Hitherto, the choice of President had fallen upon the fathers of the Society and the tried veterans of the homœopathic body; last year you departed from your traditions and elected me, one of the younger members of the Society, to its highest office. Now, I will yield to none in my earnest desire for the honour and welfare of the learned body to which it is my privilege to belong, but I may perhaps claim, without conceit, to be one of the representatives of the younger section of the Society; those who have not experienced all the hard and bitter fights of the earlier days of homœopathy, and whose thoughts concerning the position of homœopathy and of the work of the Society, untrammelled by tradition, are tinged with later-day notions and the progressive tendency of the present time, and whose ideas therefore tend more to be prospective than retrospective. One of the main differences between age and youth lies in the fact that age is able to look back upon the accomplished work of the past, while youth, aspiring to the opening of new fields of labour, looks with reverent awe upon the cultured efforts of his worthy predecessors and braces himself to the effort to profit by them, and if possible to attain something more. Thus it is that in all branches of science and learning we can never stand still; the stream must be ever moving, and new thoughts, new ideas, new modes crowd upon us. The wise attempt not to arrest the flowing current, but endeavour to guide it into profitable and worthy channels. The anxiety I felt at having to occupy the chair so distinguished by the presence of Cameron, Hamilton, Yeldham, Hughes, Dudgeon, Dyce-Brown, Carfrae and Pope, who are happily still active members of the Society, not to mention those who have been called from their sphere of labour, was increased by the fear lest I should not be competent worthily to follow in the footsteps of such able presidents. I cannot lay

* Read before the British Homœopathic Society, June 29th, 1892.

claim to the erudition of some of your past presidents, nor aspire to the pleasing humour of my immediate predecessor in the chair; therefore I have ventured to leave the beaten paths of presidential addresses, and to speak to you to-night on a subject I think of vital importance to us all—the future of the British Homœopathic Society. No review of our position has been undertaken since Dr. Hughes delivered his address at the opening of the 1879-80 session.

Law XVI., by virtue of which we are assembled here this evening, states that we meet “to take into consideration matters pertaining to the interests of the Society and of homœopathy in general.”

I purpose asking you this evening to take into your serious consideration matters pertaining to the interests of the Society, but, as the Society is the fountain head of homœopathy in this country, matters affecting its interests are vital to the interests of homœopathy in general. I do not suppose that many of you are ardent students of the minutes of the past meetings of the Society. I confess that they are somewhat dry reading. But feeling that I should not fulfil the office of President with the dignity due to so exalted a position unless I were well versed in its legendary lore, I have carefully studied the records of our meetings for the past thirteen years.

During the past year discussions have been initiated on the publication of the *Annals*; on a desired increase of membership, and on the question of the *Homœopathic Medical Directory*. Now all these are not questions of to-day, they have cropped up to vex the Society from time to time during the past thirteen years, and in the tersely expressed words of the minutes—a sadly toned record of blighted proposals—“nothing was done,” or “the motion was withdrawn.” It is with the hope of aiding in the settlement of some of these questions that I invite your co-operation.

First, let us consider what the British Homœopathic Society should be and why it is not what it ought to be. The Society should be an Association of all those who are interested in homœopathy in Great Britain and Ireland. Its constitution is of the broadest and its views the most liberal; there is nothing in its laws to prevent any honest man joining it; its sole object being

the advancement and extension of the principles of homœopathy; and whilst giving shelter to the strictest prescriber according to the law of similars, it might as easily admit within its portals those who are interested in homœopathy as a scientific therapeutic truth, as the Ophthalmological Society numbers amongst its members those general physicians who are interested in ophthalmology, not as a speciality, but as an aid in the unravelling of the pathological problems that come under their notice. There is nothing, then, to prevent all who are interested in homœopathy from becoming members. Then why does not the Society achieve this very desirable consummation? This question has rung in my ears for the past two or three years, and I have come to the conclusion that there are at least two causes at work, in addition to the apathy that is usually to be found in all sections of society.

First, I must place the sadly sordid motive offered by the man who remarks: "I do not see that I get anything out of the Society as I cannot attend the meetings;" and secondly, there are fanciful ideas, due to want of knowledge, that the laws of the Society offer restrictions on one's practice. I have shown, I think, the fallacy of the last statement, and I shall hope to show that there is very much to be got out of the Society beyond reading papers, attending meetings, and listening to debates. The political and social needs of homœopathy, as well as its scientific requirements, demand the support and encouragement that only a Society like ours can give.

We require to think less what profit each personal unit may gain, and to ask ourselves whether it is not better to leave the narrowness of individualism for the broader and more unselfish collectivism of fellowship for the common good. Union is strength, and the power of union has been thrust upon the attention of every thinking man during the last few years. Influence, advancement, power, come from cohesion, co-operation, union. With what greater weight would come representations affecting the interests of our principles, our hospitals, our patients, were our constituency the whole and not a moiety of the practitioners of homœopathy. Take as the latest instance, the committee appointed by this Society to approach the Gresham University Commissioners with regard to the foundation of a chair of

homœopathic therapeutics, I would that they could say that they represented an electorate of all the homœopathic body. There must arise as we advance, as we seem to be doing now, vital questions that need the utmost care in administration, and I dare to hope that there is enough enthusiasm and sufficient *esprit de corps* in those who are sponsors of so great a principle to make us a union of power and to let us be in truth and in deed an Association of the Homœopaths of the United Kingdom. To enthusiasts and earnest workers principles are enough, but experience gained in the sphere of politics has taught me that more is essential to carry an association to a successful issue, and that is to be obtained only by organisation.

The general principles of the Society should be enough, but I would propose to extend its interests by the formation of affiliated branches, and for this purpose have framed a new law to follow Law X. By this we shall revive a section of the Society as it was originally constituted in 1844. The new law stands thus:—"For the further advancement and extension of the Society, members may form themselves into separate bodies to be styled branches. Each branch shall be free to govern itself as its members think fit; but no branch law shall be valid which in the opinion of the Council may contravene any fundamental law of the Society. Each branch shall pay its own expenses, and no branch shall be deemed for any purpose the agent of the Society or have the power to incur any obligation on its behalf."

The law explains, I think, all that is intended with regard to branches. As it is naturally impossible for men living far away to attend with any regularity meetings of a Society held in London, and as the necessity and importance of combination for the mutual interchange of thought exists in the provinces as well as in London, there are at work at least two flourishing medical societies in the North and West of England connected with the homœopathic body. Some of their members are also members of the British Homœopathic Society, and my hope is that they will allow themselves to become affiliated to this Society as local branches. To do this it would become necessary for each member to be elected a member of the British Homœopathic Society and subscribe to its funds; he would then be

entitled to all its privileges and publications, and would of course be included amongst its published list of members. By resolution the existing local society would apply to the council to be affiliated as a branch, and this branch could be carried on as before, according to the will of its members, but at the same time be an integral part of a greater and more representative association. It is very encouraging to know that this proposal has been "informally" considered by a meeting at which nearly all the Liverpool homœopaths were present, and that it met with their strong approval. I only regret that I have not had an opportunity of hearing the opinion of the Western men, but I feel sure that if this proposal be warmly taken up it will do much to improve the status of the Society. Work done at the branch meetings would become part of the work of the Society, and the proceedings of their meetings would naturally be incorporated in the transactions of the Society. The law as it is framed will allow the fullest liberty to each branch, whilst guarding the parent Society from any action seriously affecting its constitution or policy. Of course, branch members would be as fully entitled to attend all the meetings of the London section as they are to attend those of the branch to which they belong.

I must now ask your attention to the question of the publications of the Society. It appears to be forgotten by many that the Society has really been very generous in supplying its members during past years with a considerable quantity of valuable literary material. It will suffice to mention the *Cyclopædia of Drug Pathogenesis*, Ameke's *History of Homœopathy*; *Materia Medica, Physiological and Applied*, and the *British Homœopathic Pharmacopœia*, as well as the *Annals of the Society*. Many of the former volumes are works of reference, and being received are put on the shelf with but a passing thought as to what the Society has done. The *Annals* are probably never opened, as all the information the volume contains is old, the papers having previously appeared in the *Monthly Homœopathic Review*. I might mention in passing, to make everything clear, that up to last year the plan adopted by the Society was this: the papers read before the Society, together with an abbreviated report of the discussions, were printed in the *Monthly Homœopathic Review*, the Society paying an

annual subsidy to the *Review*. In addition to this, the papers and discussions were reprinted from the *Review* and sent as a separate volume annually to each member in the shape of the *Annals of the Society*. In 1879, 1880, 1885, and in 1891 the question of the publications of the *Annals* was before the Society, and each time the mode then adopted was considered unsatisfactory and a demand was made for a more frequent publication, Dr. Dudgeon, in 1885, thinking that they might be made to take the place of the now discontinued quarterly. But nothing was definitely decided, and the question becoming urgent it will be within your recollection that last June the publishing committee, consisting of Drs. Dudgeon, Dyce Brown, and Galley Blackley, assisted by Mr. Wyborn, representing the publishers of the *Review*, met and considered certain proposals made by Mr. Wyborn, and ultimately decided to suggest to the annual assembly that both methods of publication be not kept up, and that one or the other of the two following courses be adopted :—

(a). That the *Annals* as a separate publication be discontinued, and an adequate subsidy be given to the *Review*.

(b). That they be published quite independently, and the *Review* be left to publish such abstracts of papers and discussions as may be worth their while.

The necessity for this resolution arose from the fact that Mr. Wyborn had reported to the publishing committee that the printing of the papers in full had necessitated the enlargement of the *Review* at a considerable cost to the proprietors. When the report was made to the annual assembly I thought an opportunity had arisen whereby I might carry into effect some ideas that had been slowly maturing in my mind, and knowing no more than I could hastily learn from the report, as it was read, I ventured to move that the first suggestion be adopted with an amendment that a committee be appointed "to consider the feasibility of making the *Monthly Homœopathic Review* the organ of the Society," the separate publication of the *Annals* ceasing. For several months I have carefully considered the question in all its bearings, and came to the conclusion that if we could take over the *Review* as the organ of the Society,

and present each member with a copy as a monthly record of our transactions, we should have forged a second strong bolt to consolidate our interests, and would be offering a very material and substantial inducement for members to join us. To make the subscription to the Society include a well-edited and ably written journal would surely do away with all criticism that one's expenditure of an annual subscription was profitless, and the frequent appearance of the journal would be a constant reminder of the existence and activity of the Society.

I gathered from the discussion, in which the editors and publisher joined, that the *Review* was not—to put it mildly—bringing a fortune to its proprietors. Under these circumstances I thought that it would not be a difficult matter for the Society to relieve the proprietors of the *Review* of their responsibilities and to take over the journal and make it its organ, believing that it would add to the interests of homœopathy and of our Society were we to issue a well-conducted and high-class journal of our own. We are not so large a body of men, that we can look for unlimited amount of original work and literary material for many journals, and I should have liked to have organised, if possible, one good-toned journal, to be issued under the auspices of the Society and under the direction of its Council. I feel confident that this scheme must commend itself to all who have thought out the matter at all, and I feel that if at first there was a financial loss in its production, such a loss would be repaid in the increase in the status of the Society.

With these views I approached the committee to which I have already alluded, and the suggestions I made received every attention from the members, who as you know numbered amongst them the representatives of the *Review*, but I have not been able to carry them into effect. I do not feel that in this paper I can with fairness to the *Review* enter into details; possibly in the course of the discussion that follows it may be thought necessary to go a little further into the existing position of the *Review*, but I may, I think, say that serious financial conditions which I could not possibly ask the Society to undertake were one hindrance to its development; and another was, to my mind, a mistaken desire

to guard what was called the interests of the independent or non-society homœopaths, a potency which ought, if we are successful in our efforts, to be of the most infinitesimal dilution. Failing the best and most complete scheme a compromise was effected, and it was suggested that the *Review* should be paid a sum of ten shillings per annum for each member, who should then receive the journal monthly free, the Society appointing the editors as vacancies occurred. This somewhat cumbrous arrangement was very likely soon to create difficulties, as the Society would only be in the position of a purchaser of the journal, and any efforts it made to develop its proceedings, which entailed a greater demand upon the space allotted to it, would naturally have to be checked by those who have the financial responsibility. Business is business, and we cannot expect men to run the risk of loss without due compensation. When it was found, however, that in addition to the ten shillings per annum a subsidy was needed as well, the officials of the Society felt that they were not justified in making such a proposition to you. The subsidy originally asked has been reduced to ten pounds, but for this the *Review* remains *in statu quo*. But ten pounds would not long remain the amount of the subsidy, we must improve. The least exacting amongst us will acknowledge that the Society might do better than it does, and every step means increased expenditure; so that it would really be much better and less expensive for the Society to start its transactions *ab initio*. It is clear to me that we shall never attain the legitimate height of our ambition unless we issue our transactions upon our own responsibility. And as it seems impossible to obtain the *Review* in a satisfactory manner, it is necessary to devise some other scheme. I speak thus fully in order that you may understand the rather unusual step we have taken in presenting a report signed only by the officers of the Society. We had arrived at a point where the interests of the Society and the *Review* conflicted, and as your representatives we felt that it was our duty to consider primarily the interests of the Society. As a result your President, Treasurer and Secretary have presented to you the Report which lies upon the table.

I have, after a greater knowledge of the circumstances,

withdrawn from the position I took up last year, and accept the second proposal of the publishing committee, being of opinion that failing my greater and what I may term original scheme, its suggestions will best serve the interests of the Society. Still hankering after my old love, I would propose as an alternative that we issue our transactions quarterly, independently of the *Review*. With ample room at our disposal the reports of our discussions might be fuller, and I see, too, that a good editor might arrange for a more extended report of our clinical evenings, at which much interesting material is gathered together. This, especially if our funds would allow of illustrations, might be made an important feature, and would be of material advantage to our members.

Then, too, there are many questions discussed at our private business meetings that are of considerable importance not only to the Society but to the homœopathic body in general, much of which might, at the discretion of the Council, be printed in the *Transactions*. With the London and branch meetings we should have enough material to fill a good sized quarterly volume. This proposal need not interfere at all with the *Review*, nor is such a fear expressed by the publishers of that valuable journal; there is ample room for both. This plan will be carrying out, too, the wish of many members for a more frequent publication of the transactions. It seems hardly advisable to publish our transactions monthly; to do so would mean starting a new journal, for there would not be enough material in the Society's proceedings alone to fill it, and the field of monthly journals is already occupied. Besides, for such a periodical to be a success, it would have to seriously compete with existing publications. I can here merely outline my proposals, we must leave the filling in of details to the discussion that must follow when the propositions come up for consideration to-morrow evening.

Lastly, I must ask you to bear with me whilst I lay before you the last of the three subjects I have selected for consideration in this paper this evening. During the year we have considered at private business the question of the *Homœopathic Medical Directory*. Those of you who were at the meeting know my views on the subject. Briefly, I am opposed on ethical grounds to a special medical directory, yet I realise the importance of knowing

to whom we can recommend our patients to entrust themselves when they are removing to, or visiting, a new neighbourhood. My last suggestion for perfecting the organisation of the Society is that we should prepare annually, as a supplement to our transactions, an accurately compiled list of the officers, fellows and members of the Society, with their addresses, qualifications and appointments. The exact details of this part of the scheme might well be left to the direction of the Council, under whose authority the list would be issued. Such a supplement would be an accurate and official record of British homœopaths, and it is needless to suggest that it would be to the self-interest of any man practising according to the lights of homœopathic therapeutics that his name should be recorded in that list.

It is notorious that the present *Homœopathic Directory* is inaccurate, and does not contain the names of many men who are known to prescribe homœopathically, and that its compilers feel that their venture is only received with diffidence. I venture to hope that we shall see this production disappear, and that its place will be taken by an authentic and authorised list of members of the British Homœopathic Society. If this be carefully conceived and judiciously carried out, I feel sure we shall remove the serious ethical difficulty involved in our allowing our names to be published in a special directory. I am afraid that my views as to the medical directory will not be endorsed by every member who hears me this evening—I would that they were—but I do hope that I have framed a suggestion that will as far as possible commend itself to you all.

You will have noticed perhaps that I have referred more than once this evening to the Council; I have done so purposely, for it is a part of my general scheme that the Council should in the future take a more important part in the work of the Society than it has done in the past. At present the Council rarely meets; I have been on it three years, and I do not remember having ever been summoned to aid in its deliberations. I would recommend that the Council be enlarged, and that it should suggest and direct the work of the Society. I have an idea that our meetings might be made to go more briskly and brightly, and that if the members of the Council put

their heads together they could make our meetings more attractive. The Council, too, should decide what matter discussed at private business should be printed in the *Transactions*. You will notice, too, in the proposed alterations to the laws that it is intended that the branches should be represented on the Council so as to give them a voice in the general management of the Society. I have further suggested that the Council should elect both the secretary of the Society and the editor of its *Transactions*, believing that two such important officials are best selected after deliberation than in the rather hap-hazard method employed at the annual assembly. No difficulty is likely to arise when we have to re-elect such a tried and trusted officer as our present Secretary, but the time may come when it will be necessary to appoint a successor to him, and I believe the Council would be in a better position to make a wise choice than the members of the annual assembly.

I must now leave these matters to your consideration, feeling conscious of the imperfect manner in which they have been presented to you, but believing that you will assist me with your mature and valuable suggestions, and trusting that we are all actuated by an one earnest desire—a successful future to the British Homœopathic Society.

MAMMOTH OVARIAN TUMOUR, CONTAINING
SEVENTY PINTS OF FLUID, AND SIX POUNDS
WEIGHT OF SOLID MATERIAL.

Removal, with attached uterus : Recovery.

By GEORGE BURFORD, M.B.

Physician to the Gynæcological Department, London Homœopathic
Hospital.

It is one of Bright's many claims to regard as an original observer, in addition to his well-known work on kidney lesions, that he should have figured and described the abdominal tumours of his time, and narrated their clinical course. Beside some acute observations on the later effects of these neoplasms, he delineated the colossal dimensions which the ovarian tumours of his day were wont to attain. Ovariectomy of the post-

Brightian epoch has nearly stamped these out, but occasionally cases occur, like reversions to type, giving to us moderns a vivid conception of the massive proportions of the tumours of olden time. Of such a nature was the case of the lady whose suggestive history I will recount.

Three years ago, her age being 52, and having the menopause established for some four years, she noticed a swelling in the left flank. Though not marked by notable pain, it progressively increased, and for its treatment the aid of a gynaecological specialist was invoked. This gentleman was a man of credit and renown, having been president of a specialist society in town, and taken a prominent part in his vogue for many years. He pronounced the tumour to be a fibroid, advised the use of Apostoli's electrolysis for its reduction, and carefully carried out this treatment at seven consecutive sittings. But the tumour became no smaller; its resistance to such treatment was obvious, and the patient was finally relegated to that refuge for English fibroids, Woodhall Spa.

Still the neoplasm grew; and electrolysis and Woodhall Spa having alike failed, the lady returned to town, and instituted a course of internal medicine for herself, whose net result was as conspicuous a failure as the professional advice of an earlier date. The abdominal dimensions had now become prodigious; the patient was a chronic invalid utterly unable to walk, or lie, and scarcely able to stand. The mass bulged out in all directions, overhanging the pubes, the iliac crests, and obliterating every abdominal landmark. Her sufferings were on a par with her objective condition: distressing dyspnoea, aepsia with gastric crises, recurring attacks of colic, and great cedema of both legs increased the embarrassment she already endured from the presence of so large a tumour.

Finally she sought the advice of Dr. Kennedy, who immediately suggested that I should be consulted with a view of determining the possibility of operative relief.

I found the patient in a pitiable plight, with an emaciated body attached to a huge tumour mass of barrel-like proportions and shape. The abdominal girth measured at the umbilicus 61 inches; from the tip

of ensiform to umbilicus was a foot and a half; while no other linear data were obtainable from the way in which the tumour overflowed every pelvic limit. The abdomen was tensely distended over every square inch of surface; a fluctuation wave could be elicited, whilst the percussion note was almost universally dull. The urine was qualitatively and quantitatively normal, the heart sounds fairly strong, and the lung bases resonant.

No differential diagnosis could be established until the extreme abdominal tension had been lowered by aspiration, and this preliminary was the more urgently called for, in that the patient's condition demanded immediate relief. I accordingly tapped with a narrow bore trocar, through which a continuous flow of turbid brown fluid was maintained for two hours. The efflux then ceasing, the trocar was withdrawn and the evacuated fluid measured. It amounted to close upon a thousand ounces.

Abdominal examination was now practicable with the object of differential diagnosis. Though such an enormous bulk of fluid had been removed the mass seemed to have lessened but little in dimensions. It was possible to define a large tumour, rigid and resistant, occupying the lower abdomen and the whole left flank, ascending well under the ribs. The small uterus was crammed down in the pelvis by the super-incumbent mass, and was quite separate and apart from the remaining neoplasm. This evidently originated in the pelvis, where its great bulk lay imbedded; and after careful consideration I concluded that the mass was an enormous ovarian tumour, that we had tapped a cyst, and that the remainder largely consisted of solid cyst elements. This view was precisely verified by the resulting operation.

Abdominal Section.

One week after aspiration I performed abdominal section, the patient's condition having materially bettered since tapping. Seldom have I met such a combination of difficulties as presented themselves during the operation. The incision led down to the parietal peritoneum; but this was everywhere adherent to the cyst. A large presenting loculus was tapped, thick colloid fluid exuding,

and we could now deal with anterior adhesions. Every square inch of tumour in front was adherent ; sheet after sheet of laminar, process after process of band-like adhesions was separated, and another large loculus brought to view. Tapping exhausted this also, the process of liberating surface areas of tumour continued until the whole front had been bared. The tumour sides were now examined ; visceral adhesions and irregular bands were divided, and the whole mass ultimately freed. We now had to deal with a bulky and very short pedicle ; it was after some manœuvring ligated safely, and the tumour elevated out of the abdomen. Examination of the pedicle now showed that it included the atrophic remnant of a senile uterus, so closely attached to the pedicle proper as to be inseparable with safety. It was necessary to treat the stump extra-peritoneally ; this was brought outside the abdomen and so secured, the serous cavity flushed, a drainage tube inserted, and the incision carefully closed. Four hundred and twenty ounces of fluid had been removed, and the solid part of the tumour weighed six pounds.

The operation occupied nearly three hours ; very little blood was lost, no untoward incident occurred, and the degree of shock was far less than that expectable.

The convalescence was most gratifying. Scarcely a symptom gave the patient or ourselves any trouble, except some dysuria just before the pins were removed. The patient left hospital exactly six weeks after operation, feeling brighter and better than for years before.

Arnica was our main therapeutic aid administered for some days before operation, and it was continued during the early convalescence, with *cantharis* as an intercurrent when necessary. By the third week its further use was not called for.

This operation was one of the most difficult and most trying that falls within the range of abdominal surgery, and its successful issue demonstrates the completeness of the technique in vogue at the London Homœopathic Hospital. It is computed that before aspiration the tumour weighed about three-quarters of a hundred-weight.

THE VALUE OF MERCURY IN THE TREATMENT OF PRIMARY SORES.

By JOHN DRUMMOND, L.R.C.P. Ed., M.R.C.S. Eng.

IN the *Lancet* of May 7th Mr. Arthur Cooper deprecates both the early local and specific treatment in cases of suspected syphilis. I admit that cauterisation either with nitrate of silver or the stronger escharotics is a painful expedient, which is oftener than not valueless. Ricord long ago taught us that a chancre could only be destroyed with his sulphuric acid paste, in its earliest or pustular stage, and that after once the base had become indurated the poison had entered the lymphatics and could not be eradicated by any local treatment. The application of *tincture of iodine* is a clumsy method of endeavouring to disperse a bubo, for if the enlargement be due to syphilis, it not only is perfectly useless but will favour the development of suppuration, which both the doctor and the patient should be anxious to avoid. So far I agree with Mr. Cooper, but from his third aphorism I differ entirely. "Mercury," he thinks, "should not be given whilst the diagnosis of a venereal sore remains in doubt, because the drug may either so modify the early signs of syphilis as to render them difficult to recognise, or perhaps may even prevent some of them altogether." Mr. Arthur Cooper seems to think that an absolutely correct diagnosis is of greater importance than the rapid cure of the patient and the avoidance of a future outbreak of constitutional phenomena. "If under purely expectant treatment the irritation subsides, the sore heals, and the characteristic adenopathy is absorbed, the whole thing is at an end, and there is no further ground for anxiety." On the other hand, "if *mercury* has been given it is very difficult to be sure of this, bearing in mind the remarkable rapidity with which syphilis, in some cases, is influenced by the drug, for under its influence the local sore may heal, the glandular enlargement may subside, and the same potent remedy may prevent, delay, or so modify the early rash, that *that*, too, becomes unavailable as a trustworthy aid to diagnosis."

From my own experience I do not believe the signs of true syphilis are so rapidly cleared off by the early administration of *mercury* as Mr. Cooper imagines them to be. There is generally a lingering hardness in the

cicatrix, some knottiness of the glands, and in not a few cases a mild exanthematous rash and sore throat, which defines the correctness of our diagnosis. It is our own fault if our suspicions are not on the *qui vive*, and we fail to warn our patient that he must remain under observation and treatment until we can assure him that he is cured, and if he gets weary of the surveillance, and by his own choice leaves off the treatment, and, dismissing the whole affair from his mind, gets married, he runs the risk of contaminating his wife, begetting a spotty child, and suffering himself from relapses, or from an outbreak of tertiary symptoms. These evils are none of them increased by being placed under the early influence of *mercury*, on the other hand they are all ameliorated and lessened by such a course.

In the years 1859-60 I published some notes on syphilis, illustrated by cases, in the *British Journal of Homœopathy*. By subsequent experience I have met with nothing to modify my confidence in *mercury*, if rightly administered. Of course, when salivation was deemed the *sine quâ non*, and its severity the measure of the efficacy of the treatment, the consequences were very deplorable. Mr. Syme reminded us of these, when he told us "he well remembered the shrieks of unfortunate patients, suffering from mercurial sores only, who were treated by repeated cauterisation with *caustic potass*, and in some cases with the actual cautery, or when the bone was exposed after the opening of periosteal abscesses, to the horrible torture of scraping, rasping, and gouging." These days of darkness have passed, and when we speak of *mercury* we simply refer to its use in minute and alterative doses. Without in the slightest degree injuring the constitution, the patient is smoothly led from disease to health. If it be a simple sore from which he is suffering, its cicatrization will not be retarded because he is taking *mercury*; and if it be a true infecting chancre, he has the comfort of knowing he is under the influence of a drug which will mildly but surely eradicate the poison from his constitution.

Three years ago I had an interesting case under my care in Kimberley. A young Scotchman had contracted a sore, which he attempted to destroy with blue-stone. A week afterwards he consulted me. The penis was very much swollen and inflamed, and it was impossible

to examine the sore, as the prepuce could not be retracted, because of the phimosis which followed the application of the sulphate of copper. He complained of severe burning and smarting pain beneath the glans, where, he said, the sore was situated. The inguinal glands were knotty and painful. I told him to bathe the parts with hot water three times a day, and to wash the discharge away from beneath the prepuce with a syringe as best he could. I gave him gr. iv. *merc. biniodidi* 2x. three times a day. Ten days after this treatment was commenced the local discomfort had somewhat abated, and I gave him a mild black-wash to use with the syringe, instead of the water. In three weeks I drew back the prepuce. The ulcer had destroyed the frænum, and had excavated a considerable portion of the under surface of the glans, and there was a ridge of induration extending beyond the base of the sore. He now dressed it with iodoform. In six weeks it was quite healed, but the cicatrix was hard and the glands in the groin swollen and knotty. I watched the case for some weeks, and under the influence of the *mercury* the induration quietly melted away and the adenopathy subsided. About three months after contracting the sore, he had a roseolous rash on the chest, arms and thighs, followed by slight sore throat, for which I gave him a gargle of *chlorate of potash*. Under this treatment the outbreak of secondary symptoms quickly subsided. I kept him under observation for six months, and during this interval he took two grains of the *biniodide* night and morning, only a daily dose of one-twenty-fifth of a grain, but he had no further symptoms.

In the spring of 1887, whilst acting as surgeon-superintendent of Indian immigrants on board the "Umvoti," our sailmaker, a Swede, was invalided at Madras with primary syphilis. We left him in hospital and proceeded to Calcutta. Ten weeks afterwards we took him on board again. He had then iritis, maculæ of a coppery tint on the temples, forehead and nose, and sore throat extending from tonsil to tonsil along the arch of the soft palate. The sore on the inner side of the prepuce was healed, but a hardened cicatrix was left on its site, and the inguinal glands were swollen, on the left side one was as large as a pigeon's egg and very

tender. The sight of the left eye was so dim that he could barely distinguish light from shadows, the iris was muddy and masked by exudation, and the pupil jagged and irregular and filled with *nebulae* of lymph. The right eye was very painful and intolerant of light, with a zone of inflammation surrounding the iris which looked milky. *Atropine* dilated the right pupil, but had very little influence upon the left. From his hospital papers he seemed to have had *cinchona* with *nitric acid*, followed by *iodide of potassium*. He had taken no *mercury*. I gave him five drops of *merc. bichloride* 2x four times a day, and dropped a solution of *atropine* into each eye night and morning. During the voyage to Natal he improved so much that the captain did not give him his discharge, but allowed him to remain under my treatment. The right eye seemed then nearly well, and I had the satisfaction of watching one iritic adhesion after another give way in the left, whilst the nebulous opacities and muddiness of the iris were less marked, and he could count the fingers when held up before the eye. The throat was still bad, with a penetrating ulcer through the soft palate, so that the uvula hung by two slender shreds. In Natal he threw out a node on the right shin which gave him much pain at night. I then gave him five grains of *iodide of potassium*, with one-twentieth of a grain of *perchloride of mercury*, making of course a solution of *biniodide of mercury* in an excess of *iodide of potash*. During our next voyage to Calcutta his health improved very much, the uvula was lost, but the throat healed, and the node on the leg subsided. The sight of the left eye remained impaired. He resumed his duties as sail-maker and took his regular watches as an able-bodied seaman. He remained on the ship until I left in June, 1888, when his health was tolerably good. I have since heard that he has left the sea and is working upon tarpaulin covers for the Natal Railway Company at Durban. I think, in this case, had the man been treated from the onset with *mercury* he might have passed through the ordeal with less discomfort and damage, which would have been a great desideratum, as the latter unfortunately is of a permanent character.

Shenstone, Malvern.

June 16th, 1892.

THE MEDICINAL TREATMENT OF ENTERIC FEVER.*

By E. FORNIAS, M.D.

Bryonia is indicated in the early stage of the disease, before the senses are perverted, principally with gastric catarrh, without diarrhœa. The patient complains of epigastric tenderness, a peculiar lassitude and heaviness of limbs, general soreness and splitting headache. He vomits food and bile, the tongue is white and dry, the appetite is lost and the sleep is restless. Additional indications are: vertigo and nausea when sitting up in bed, constipation, empty eructations, nose-bleeding; a nightly, calm delirium about the business of the day, a desire to go home if travelling, and the aggravation from motion. *Baptisia* takes the place of *bryonia* when there is a predominance of nervous phenomena, and an early, yellowish, papescent diarrhœa, with abdominal tenderness and gurgling is present; but it is also indicated later, if the discharges are dark and offensive, the mouth is very dry, the tongue is covered with a yellowish-brown fur down the centre, the taste is flat or bitter, the face flushed, the eyes injected; the patient presenting a besotted expression, being very weak and drowsy, and complaining of much muscular soreness, always finding the bed too hard. Offensiveness of the discharges, putridity of the exhalations, excessive prostration, and that peculiar perversion of the mind in which the patient imagines that his body is scattered and tosses about to get the pieces together, are characteristics of this drug. *Rhus tox.* usually follows the preceding remedies. It seems to come into play when the temperature has reached its *maximum*, and the increasing prostration and typical diarrhœa indicate the establishment of infiltration. It is particularly indicated when the yeast-like or pea-soup stools continue in the increase; the tongue presents a red triangular tip, with the apex posteriorly, or is covered with brown mucus; the nose bleeds with relief of condition, and a dry cough annoys the patient, who at the same time is compelled to a constant change of position to find relief from rheumatoid pains of the extremities. Additional indications, in a more advanced condition, are: increased prostra-

* Reprinted from *The Hahnemannian Monthly*, June, 1892.

tion, stupor or heavy sleep, difficult ratiocination, the speech which was first coherent and intelligible, dwindles away into an inarticulate murmur, indicating that the mind is so depressed that it is not capable of continuous thought; there is a calm delirium with a great deal of self-talk; the abdomen is tender and tympanitic; the tongue then is dry, rough, cracked, brown, woody; the teeth and lips are covered with sordes; the stools become thinner, more copious and offensive, even bloody, or involuntary, especially at night; and the urine is dark and muddy, sometimes involuntary and may contain albumin. This concurrence of erethism and depression makes this remedy eminently suitable to the ataxo-adyynamic form of the disease. But when the typhoid state has reached its climax, ulceration has commenced to do its deadly work and *rhux tox.* has not been able to modify the advancing toxæmia and destruction of tissue, we must then direct ourselves to deeper acting remedies. Among them we should first consider *arsenicum*, which like *rhux tox.* combines erethism with depression, but in a higher degree, and hence is also suitable to the ataxo-adyynamic form. It is indicated when the general condition assumes a graver erethistic form, more malignant, the vital functions are more thoroughly perverted and more profoundly excited, and the blood and organic substance more extensively altered, especially when an extreme prostration marks the approach of dissolution. At this stage it shares honours with *carb. veg.*, but in *arsenic*, no matter how intense the prostration, the patient still remains irritable and anxious, even to the last hours of life, whereas in *carbo veg.* the torpor is complete and collapse is imminent or present, without the least sign of erethism. The gastric and abdominal symptoms of *arsenic* are also very important. The thirst is intense, with tendency to drink little and often, the gums and teeth are covered with sordes, the tongue presents a dark brownish coat, the mouth is full of blisters and aphthous ulcers, which bleed easily; dysphagia may be present (œsophageal paresis), the bowels keep on ejecting the products of decomposition in the shape of bloody, or brown putrid fæces, and they are more active at night; the tympanitis is not marked (intestinal paresis); hæmorrhage from the bowels, if present, consists of dark, watery blood; there

is pain on pressure on the ileo-cæcal region, and the spleen is enlarged and sensitive. The nose-bleed, melæna, ecchymoses, and petechiæ, all indicative of this drug, are symptoms of blood decomposition. Moreover *arsenic* is a drug which exerts an intensely paralyzing effect upon the muscular tissue of the heart. It is indicated when a soft weak, irregular pulse with tumultuous action of the heart and absence of the second sound, reveals the impairment of the myocardium; and finally the hyperthermia; the striking and typical remission of the fever, having the appearance of an actual intermission; the scanty and retained urine, and the paroxysms of sudden collapse towards midnight, point prominently to this drug. *Muriatic acid* is also an erethistic remedy, but its erethism, like that of *phosphorus*, is transient, for its early excitability is followed soon by depression. It bears some points of resemblance with *arsenicum*, and both when indicated seem to have the power to subdue the intestinal hyperæmia and consequent diarrhœa. According to Trinks, it is rather applicable to erethistic conditions too severe for *bryonia*, too sthenic for *rhûs*, and not cerebral enough for *belladonna*. It does not only modify the evacuations quantitatively but qualitatively. It corrects putridity, a change which carries with it other phenomena, producing a general improvement. Hence it is the remedy when the putrid decomposition of the fluids has reached the highest degree of intensity, and there is a general state of paresis; the strength is all gone, the muscles refuse to do their work; the patient slides down in bed, groans and moans, or is entirely unconscious, with muttering delirium; the tongue from dry and shrunken may become parrot-like and so heavy that the patient is unable to move it, or protrude it at will; the gums and teeth are covered with sordes. At this stage the pulse intermits every third beat; the heart though quick and irritable, lacks energy and force, showing the condition of its wall; the diarrhœa is watery offensive, greenish or bloody; the urine as well as the stools escapes involuntarily, the former may be scanty or turbid, like the dregs of a cider barrel, the latter passed unnoticed while urinating, and finally the vacant, staring eyes, the dropping of the lower jaw, and the coldness of the extremities indicate threatening paralysis.

of the brain. Putrid, ulcerated sore-throat as a complication, also points to this remedy. *Phosphoric acid* is a drug suitable to the adynamic form of the disease with its extreme debility and prostration, profound stupor, deafness and calm delirium. No remedy can take its place from the moment we notice that the patient has become indifferent and unwilling to speak, especially if his face is pale, the stools yellow, watery with meal-like sediment: there is general tympanitis with rumbling and gurgling, and he complains of a stupefying frontal headache. It often follows *rhua* after the restlessness has ceased and the patient falls into a state of stupid apathy or unconcern, and insensible to every external impression. A characteristic of this drug is, that notwithstanding the marked sensorial depression, the patient is easily aroused and is then fully conscious, but soon sinks back again into his former stupor, differing in this respect from *helleborus*, whose patient cannot be aroused to full consciousness. Another adynamic remedy of great value is *helleborus*. It is indicated when the disease makes a deeper inroad in the brain, the senses are thoroughly perverted, the muscles do not respond to stimulus, and we are unable to rouse the patient to full consciousness. There lies the *helleborus* patient a perfect picture of idiocy and thorough unconsciousness, overwhelmed by utter prostration, sinking to the foot of the bed in a helpless condition, making no effort to change or preserve his position. He has a vacant look, stupid expression, wide open eyes, dilated pupils, and pulverent nostrils; his muscles twitch convulsively and he picks meaninglessly at the lips or clothing. The urine may be scanty, retained or albuminous; the fæces escape involuntarily, the tongue is yellow and dry, with red borders, or slightly protruded and oscillating, the breath very offensive; drinks roll audibly into the stomach; the body is bathed in a cold, clammy sweat, the pulse is faint, weak, almost imperceptible; the heart-beat weak and slow, and the delirium is quiet with unintelligible muttering. The erethism of *phosphorus* is so transient that I think it is hardly indicated in the early stage of the disease. Its profound and disintegrating action upon the blood-life makes it essentially a late remedy. Its prostration is nearly akin to that of *muratic*

acid and you may find its patient sunk in stupor at the verge of a condition calling for *carbo veg.*, with a small, filiform pulse, hippocratic face, contracted pupils, dry, flapping nose, blue lips and open mouth, exhibiting a black, dry, cracked, immovable tongue. Other symptoms indicative of this remedy are, vomiting of bilious, slimy masses; meteorism with loud rumbling; bloody stools, looking like flesh-water; black, like coffee-grounds; involuntary, out of a wide-open, paralysed anus, followed by great weakness; scanty, albuminous urine; cold, dry skin; profuse sweat, without relief; great heat of trunk with cold perspiration on hands and limbs; roseola spots, miliary eruption, ecchymoses, and enlarged liver and spleen. Its place in the adynamic form, when there is impending paralysis of the lungs, is prominent. The patient lies in a comatose condition, with hot breath and rattling breathing (from accumulation of phlegm), the limbs are cold and covered with a cold sweat, and the pulse is scarcely perceptible. It is a valuable agent in pulmonary and cardiac complications. According to Jahr it has the power to arrest the pulmonary difficulties of the inflammatory period and the dangerous progression to the severer stages, especially when *rhus tox.* has failed to do its work. In the hæmorrhagic and sedoral forms it should also be studied. If, notwithstanding the proper administration of the above remedies, the disease should go on in its onward course to destruction, and we find the patient in a state of algide collapse, without the least sign of reaction, we must then turn to *carbo veg.* as a last resort. This drug has often brought about the most marvellous change for the best. Under its administration I have seen the cold, inanimate, pulseless patient recover the vital warmth, the pulse gain in volume, and the heart enter into proper rhythmical action. Among its leading indications we find a death-like asthenia; dull, lustreless eyes, immovable pupils; hippocratic face, extinct voice; cold surfaces, cold sweat, cold breath, cold nose, blue lips; dry, black tongue; small, filiform, nearly imperceptible pulse; cardiac failure; tympanitic distension of the abdomen; dark-brown, horribly foul, involuntary stools; offensive odour of the body; suppressed urine; impending paralysis of the lungs; extensive pulmonary hypostasis; hæmorrhages, and abundant petechiæ.

Other remedies not so prominently indicated, but which, nevertheless, may sometimes be indispensable, are the following : *gelsemium* is an early remedy, which may precede *baptisia* before the senses are markedly perverted, if there is malaise, muscular soreness, headache, tinnitus, giddiness, or a sense of expansion in the head, and these symptoms are accompanied by chills or creeps down the back, severe pain in the back and limbs, lassitude, loss of muscular power, suffused red face and drowsiness. Afternoon increase of fever with marked morning remissions, is an additional indication. *Hyoscyamus* and *belladonna* may be required if the delirium is violent; stupefaction, unconsciousness, or lascivious mania, point to the former. Cerebral congestion, with red face, dilated pupils; photophobia, hot, pungent skin, and embarrassed speech point to the latter. *Stramonium* has a more furious delirium, with all sorts of hallucinations, and desire to escape out of bed, but loquacity and a mania for light and company, are its characteristics. *Opium*, besides being one of the best remedies we have for retention of urine, is prominently indicated when the coma is profound, or the soper threatens to terminate in paralysis of the brain. Stertorous breathing, with open mouth and depressed lower jaw, would announce this fatal end. *Lachesis* is indicated when loquacity precedes the symptoms of depression. Its delirium is of a low muttering type, and its trembling tongue, catching in the teeth when asked to protrude it, clearly shows the effect of the typhoid poison on the brain. In impending paralysis of the brain it shares honors with *opium*. Hyperæsthesia, fainting, trembling and foul discharges are additional indications. *Arnica* is the remedy when the fever sets in with complete stupefaction and involuntary defæcation and micturition. If conscious, the patient complains that the bed is too hard, and that he is sore and bruised all over, etc. *Mercurius*: I do not see how a remedy so rich in gastric, hepatic and intestinal symptoms can be discarded in typhoid. The prodromic stage is sometimes initiated by a gastro-enteric catarrh, and in such cases if, instead of constipation, we find green, bilious, mucous stools, with frequent urging and tenesmus, and a jaundice-like colour of the face, we must give this remedy a preference over *bryonia*, especially if there is a tendency to perspire without relief, and the

stools are preceded by chilliness. The consideration of this drug becomes still more imperative when peritonitis complicates the case and suppuration has commenced. *Veratrum alb.*, if the vital powers suddenly sink to the lowest degree, with cold sweats, thready pulse, and paroxysms of syncope. *Cocculus*, if the least exertion brings on prostration, with an invincible disposition to sleep, falling soon into apathy, and ending finally in coma. Vertigo, nausea, inclination to vomit, and even fainting, are among its symptoms; but confusion of mind, with embarrassed speech, is one of its leading indications. *Acidum nitricum* is sometimes indicated in the advanced stages, when there is marked sensibility of the abdomen, ilio-cæcal pain, gurgling and soreness of the bowels, and especially if a persistent bloody diarrhœa announces the establishment of ulceration. In laryngeal complications it forms a useful group with *mercurius*, *kali jod.*, *iodum*, etc. *Digitalis* may be needed if there is impaired cardiac action, with a feeble intermittent pulse, etc. *Apis*, *calc. carb.*, *castoreum*, *cinchona*, *colchicum*, *lycopodium*, *nux rom.*, *petroleum*, *sulphur*, *sweet spirits of nitre*, *taraxacum* and *terebinthina* may be required occasionally, and in Dr. Farrington's *Clinical Materia Medica* we can find their indications.

The diet, nursing, ventilation, disinfection and speedy removal of excretions and soiled linen, imperatively demand our most solicitous attention, and no less can be said of convalescence.

EPOCHS IN MEDICINE.*

BY JAMES C. WOOD, A.M., M.D. ANN ARBOR, MICH.

[Being the Annual Presidential Address delivered before the Michigan Homœopathic Medical Society, May 17th, 1892.]

IF I were asked to name the discoveries or advances which, in my opinion, marked the four greatest epochs in the history of medicine, I should, without hesitation, select the following: the discovery of the circulation of the blood, by William Harvey; the discovery of vaccination, by Edward Jenner; the discovery of ether and chloroform; and the promulgation of the law *similia*

* Reprinted from *The New-England Medical Gazette*.

similibus curentur, by Samuel Hahnemann. These several epochs have, I believe, more than all others, left their impress upon the development of medical science; but each has been important in its own particular way. Thus, Harvey's discovery marked a new era in the study of physiology and anatomy; Jenner's pulled the string from the plague of plagues—smallpox; ether and chloroform robbed the operating amphitheatre of its former terrors, and the application of the law *similia similibus curentur*, judged even by those who are not its advocates, demonstrated the utter uselessness, and indeed the actual harmfulness of the practice then in vogue, if it did not, as you and I believe, give to the world the best and most universally applicable law of cure yet enunciated.

William Harvey, the discoverer of the circulation of the blood, was born in Folkestone, on April 1st, 1578. His father, a prosperous Kentish yeoman, sent him through the Canterbury grammar school. At nineteen he took his B.A. degree from Caius College, Cambridge, and at twenty-four he was made a doctor of medicine by the University of Padua, where he had for instructors the renowned anatomists, Fabricius and Casserius. On his return to England in 1602, he settled in London, and in 1609 he applied for the reversion of the post of physician to Bartholomew's Hospital. His application was signed by Dr. Atkins, the president of the college, and by James I. The occupant, Dr. Wilkinson, died the same year, and Harvey succeeded to the post. As a practitioner he became very popular, and had among his *clientèle* Francis Bacon and the Earl of Arundel. In 1628 he published his *Exercitatio Anatomica de Motu Cordis et Sanguinis*.

I will briefly review the state of knowledge appertaining to the circulation of the blood previous to the publication of the foregoing work. According to the theory of Aristotle the blood in man and the higher animals was elaborated from the food in the liver. Passing from the liver to the heart, it was carried by the veins throughout the body. His Alexandrian successors, Erasistratus and Hierophilus, modified his theory, and taught that the veins carry blood from the heart to the members, and that the arteries carry a subtle kind of air or spirits. Galen discovered that the arteries

contained blood as well as "vital spirit," and are not merely "air-pipes," as their name implies. With this exception the theory promulgated by Aristotle remained the same from the Christian era down to the sixteenth century. For nearly one hundred years before the birth of Harvey it was well known that the blood is not stagnant in the body; but until Harvey enunciated his doctrine the conception of a continuous stream returning to its source had not been thought of. It was believed that the blood moved irregularly, as regards both direction and speed, as air circulates in a house, or a crowd moves in the streets of a city. The functions of the heart as a motor were not comprehended. It was supposed that the septum of the heart, being pervious, permitted the blood to pass directly from the right to the left side; that one kind of blood flowed from the liver to the right ventricle of the heart, thence to the lungs and general system by the veins, and that another kind flowed from the left ventricle to the lungs and general system by the arteries. The supposed function of the heart was to commingle blood and spirits, after sucking in these fluids, during diastole. Sylvius, a sixteenth-century anatomist, described the valves of the veins. Vesalius demonstrated the complete closure of the septum between the two ventricles. Servetus believed that the *spiritus naturalis*, as he termed the blood, is transformed in the lungs into *spiritus vitalis*, and he, therefore, was the true predecessor of Harvey in physiology. Yet the significance of the valves was unsuspected, and the idea of a complete pulmonary circulation was not fully comprehended.

Harvey believed that "wise men must learn anatomy, not from the decrees of philosophers, but from the fabric of nature herself." He accordingly began his investigations into the movements of the heart and blood by examining them, as they actually go on in living animals. By experimenting on dogs, cats, pigs, serpents, frogs, etc., he most clearly demonstrated the anatomy of the heart, the veins, and the arteries. But he strove unavailingly to discover the channels by which the blood passes from the arteries to the veins. His conclusions may be summed up as follows:—

1. The dynamical starting point of the blood is the heart, and not the liver.
2. The action of the right

and left sides of the heart, auricles, ventricles, and valves is the same, the mechanism of both being for reception and propulsion of liquid, and not of air, since the blood on the right side, though mixed with air, is still blood. 3. The blood sent through the arteries to the tissue is not all used, but most of it returns through the veins. 4. It is the contraction, not the dilatation of the heart, which coincides with the pulse, the ventricles, as true muscular sacs, squeezing the blood which they contain into the aorta and pulmonary artery. 5. There are no pores in the septum of the heart, so that the whole of the blood in the right ventricle is sent to the lungs, and thence back again to the left ventricle through the pulmonary veins, while in like manner the whole of the blood in the left ventricle is again sent into the arteries around by the smaller veins into the *venæ cavæ*, and by them to the right ventricle again, thus making a complete circulation.

Harvey's conclusions are given in the following celebrated passage: "And now I may be allowed to give in brief my view of the circulation of the blood, and propose it for general adoption. Since all things, both argument and ocular demonstration, show that the blood passes through the lungs and heart, by the auricles and ventricles, and is sent for distribution to all parts of the body, where it makes its way into the veins and pores of the flesh, and then flows by the veins from the circumference to every part of the centre, from the lesser to the greater veins, and is by them finally discharged into the *venæ cavæ* and right auricle of the heart, and this in such quantity, or in such a flux and reflux, thither by the arteries, hither by the veins, as cannot possibly be supplied by the ingestor, and is much greater than can be required for mere purposes of nutrition, it is absolutely necessary to conclude that the blood in the animal body is impelled in a circle, and is in a state of ceaseless motion, that this is the act or function which the heart performs by means of its pulse, and that it is the sole and only end of the motion and contraction of the heart."

The discovery of the circulation of the capillaries between the arteries and the veins was made in 1661 by Marcellus Malpighi, of Bologna. Malpighi himself showed the capillary circulation to the delighted eyes of Harvey,

who recognised in it the "missing link" of his own theory. Although Harvey's discovery, which he was nine years in perfecting, was perfectly capable of demonstration, it was attacked on all sides with the greatest acrimony. Hume remarks, as an evidence of obstinate adherence to preconceived opinions, that "no physician in Europe, who had reached forty years of age, even to the end of his life, adopted Harvey's doctrine of the circulation of the blood."

It would be interesting to review the arguments adduced to disprove this theory, but time forbids. It is simply the old story—first vituperation and then laurels. Fortunately Harvey lived long enough to wear his laurels, for his discovery was one that time and future research proved beyond the shadow of doubt. Nevertheless, the College of Physicians and Surgeons of London ignored it, and nearly half a century after he had announced his discovery to the world, the Paris Royal Society of Medicine gravely listened to an essay which classed his discovery among the impossibilities.

Edward Jenner, the discoverer of vaccination, was born at Berkeley, on May 17th, 1749. His father, the Rev. Stephen Jenner, was a rector, and came of a good family. He received his early education at Wotton-under-Edge and Cirencester; after which he began his medical studies at Sodbury, near Bristol, under Mr. Ludlow, a surgeon of no great prominence. At twenty-one he proceeded to London, and won the good graces of the celebrated John Hunter, the founder of the Hunterian Museum, now one of the most famous of its kind in the world. He declined the post of naturalist in Captain Cook's second expedition in order to practise medicine in his native place. Like Harvey, his success in the practice of his chosen profession was marked. Jenner possessed many accomplishments and broad learning. He was a musician, a writer of no mean merit of both prose and verse, a biologist, a naturalist, and a geologist.

There was a popular belief among the rural people of his native county, Gloucestershire, that there existed an antagonism between cowpox and smallpox. The medical profession up to the time of Jenner, too learned to investigate this popular belief, supposed it "an imperfect

induction of facts." Jenner could not interest even John Hunter, his benefactor and friend, in this inquiry. In 1775 he instituted that systematic investigation which was destined to immortalise his name. He first proved to his entire satisfaction that under the term "cowpox" two distinct and entirely different forms of disease had been confounded. Since only one of these protected against smallpox, failures were thus accounted for. He next ascertained that true cowpox, in order to prove prophylactic, must be communicated at a particular stage of the disease. A certain disease of the horse (grease) was known to produce vesicles and subsequent ulcers on the hands, almost indistinguishable from those of ordinary cowpox. Jenner, by raising vaccine vesicles on the arms of children by matter removed from the horses' necks, proved to his own satisfaction that all genuine cowpox comes from this disease. In 1798 he carried a drawing of the cowpox, as it appeared on the hands of a milkmaid, to London, for the purpose of interesting his friends in the subject. All agreed that the phenomena were "interesting and curious," but none appreciated their practical importance. His theory was proved correct beyond a doubt when, in May, 1796, he inoculated one John Phipps, a boy eight years of age, with cowpox matter, and again, in the following July, with variolous matter. As Jenner had predicted, no smallpox followed, and his discovery was then complete. Unfortunately cowpox disappeared from the dairies at this time, and did not recur for two years; but, like a true scientist, Jenner patiently waited until he could repeat his first experiment before publishing his discovery to the world. He then prepared a pamphlet announcing it, and proceeded to London to demonstrate it to his friends. It was three months before he could find anyone willing to submit to vaccination. He was fortunate enough to have the experiment first made by an eminent surgeon, Mr. Cline, who applied the virus over the diseased hip-joint of a child, for the purpose of inducing "counter-irritation." The patient was afterwards incapable of contracting smallpox.

Jenner first met with opposition to vaccination in the autumn of the same year. It proceeded from a celebrated physician and man of science, Dr. Ingehaussy. Very soon

two noisy and opposing factions arose, which retarded the spread of vaccination. The adherents of one party looked upon it as a dangerous and useless practice, and fought it bitterly; the adherents of the other became equally troublesome by their rash and self-seeking advocacy. A certain Dr. Pearson, whose ambition placed him at the head of the latter faction, rushed into print before even seeing a case of cowpox. He did much to bring vaccination into disrepute by distributing virus contaminated with smallpox matter.

The spread of vaccination over England was encouraged principally by non-professional persons of position, the king, the queen, and the Prince of Wales interesting themselves in the movement. It was introduced into the United States by Dr. Waterhouse, the Professor of Physic at Cambridge, Massachusetts, and soon made rapid progress. The practice very soon spread throughout Europe, and to-day has extended over almost the entire world. In 1803 the Court of Spain sent forth an expedition which circumnavigated the globe, diffusing cowpox through all the Spanish possessions in both worlds.

To Jenner's immortal discovery we are indebted for security from that horrible and once universal plague, small pox. Vaccination is practised in nations of the most diverse climes, habits, and religions. It won its way quickly into popular favour, but not without the bitterest opposition. In due time, honours from abroad began to shower upon the discoverer, and Parliament ultimately made him a grant of £20,000. He died January 26, 1823.

Some of the arguments used by the early anti-vaccinationists were very amusing. Thus, Mr. Ring, in his treatise on cowpox,¹ mentions "a lady who complained that since her daughter was inoculated she coughs like a cow, and has grown hairy all over her body." And Mr. Blair was told, on a late excursion into the country, that the inoculation of cowpox was discontinued there, because those who had been inoculated in that manner "bellowed like bulls."² A celebrated physician used in his clinical lectures a coloured portrait of a "cowpoxed, ox-faced boy," with

¹ *Blair's Vaccine Contest*, p. 69.

² *Cowpox Inoculation*, p. 105.

two scrofulous abscesses on his face, which were supposed to indicate sprouting horns. "This boy," gravely observed the lecturer, "is gradually losing the human lineaments, and his countenance is transmuting into the visage of a cow." Again this conscientious gentleman observes that "smallpox is a visitation from God, and originates in man; but the cowpox is produced by presumptuous, impious man. The former, heaven ordained: the latter is perhaps a daring and profane violation of our holy religion." And he subsequently proposed: "whether vaccination be agreeable to the will and ordinances of God is a question worthy of consideration of the contemplative and learned ministers of the Gospel of Jesus Christ, and whether it be impious and profane thus to wrest out of the hands of the Almighty the divine dispensation of Providence." Dr. Squirrell reasoned thus: "Providence never intended that the vaccine disease should affect the human race; else why had it not before this time visited the inhabitants of the globe. The law of God prohibits the practice; the law of man and the law of nature loudly exclaim against it."¹

In 1822, Edmund Massey, M.A., preached a sermon at St. Andrew's, Holborn, on "The dangerous and sinful practice of inoculation." Various theological arguments are brought to bear against the "diabolical operation," the chief of which is "that if mankind should happen to become more healthy it is a great chance but they would be less righteous." The Anti-Vaccination Society appealed to the public to suppress "the cruel, despotic tyranny of forcing cowpox misery on the innocent babes of the poor—a gross violation of religion, morality, law, and humanity."²

Such were a few of the arguments which were stoutly and vigorously urged against the introduction of vaccination. I am aware that a limited number of medical men of the present time protest against it, notwithstanding the overwhelming evidence as to its utility. I am aware of the fact, too, that the universal practice of vaccination has been attended with abuses. I, nevertheless, maintain that humanity owes such a debt of gratitude to Edward Jenner for this great discovery as

¹ *Observations*, Second Edition, p. 4.

² *Mr. Blair's Pamphlet*, p. 95.

it can never pay. The opposition exhibited toward the practice of vaccination is of like character to that which has been made to all the radical innovations in medicine and surgery.

To whom the credit of modern surgical anæsthesia is due is yet a mooted question. The honour probably lies between Dr. Wells and Dr. Morton, two American dentists. There is, however, abundant testimony that the employment of anæsthesia is a practice of great antiquity. Homer mentions the anæsthetic effects of nepenthes; Herodotus refers to the practice among the Scythians of inhaling the vapours of a certain kind of hemp (probably hashish) to produce intoxication; Dioscorides and Pliny allude to mandragora as an anæsthetic in surgery. Mandragora was also extensively used as an anæsthetic in the thirteenth century by Hugo de Lucca. Shakespeare makes frequent mention of anæsthetising draughts, as well as to the soporific effects of mandrake. The clinical researches of Priestly, towards the close of the last century, led to the more thorough investigation of gases and vapours. The anæsthetic properties of nitrous-oxide gas were described in 1800 by Sir Humphrey Davy, who experimented with it on himself with the object of relieving local suffering. As early as 1785 Dr. Pearson, of Birmingham, gave inhalations of sulphuric ether for the relief of asthma; and in 1805 a Dr. Warren, of Boston, used it in the same manner for consumption. In 1818 Faraday demonstrated the similarity between the effects of sulphuric ether and nitrous-oxide gas when inhaled. The profession was again reminded of this property of ether by Goodman in 1822, by Jackson in 1838, and by Wood Bache in 1834; but until the days of Wells (1844), and Morton (1846), these observations were looked upon as mere scientific curiosities.¹ A chemist of Liverpool, Mr. Waldie, suggested to Sir James Y. Simpson the anæsthetic properties of chloroform, a trial of which was made by the latter in 1847.

That the introduction of anæsthetics was an incalculable boon to humanity, no sane person would at the

¹ Vide *Memorial of Charles Thomas Wells* presented to the United States Senate (1859), and *An Inquiry into Modern Anæsthesia*, by Hon. Truman Smith.

present day deny. The dread of submitting to surgical operations is lessened beyond measure; suffering has been reduced to a minimum, and it no longer requires a surgeon of "iron nerve" bordering on cruelty to apply the scalpel to his fellow-men. The death rate has been greatly diminished, and the curse of Eve almost blotted out.

Yet, here are some of the objections interposed by the opponents of anæsthesia: Dr. Gull read a paper at the South London Medical Society on the "injurious effects of ether inhalation, in which he questioned the desirability of removing pain."¹ Mr. Bransby Cooper, surgeon at Guy's Hospital, affirmed it as his opinion "that pain was a premonitory condition, no doubt fitting parts the subject of lesion, to reparatory action, and, therefore he (Mr. Cooper) should feel averse to the prevention of it."² Dr. Pixford affirms that "pain during operation is, in the majority of the cases, even desirable; and its prevention or annihilation is, for the most part, hazardous to the patient."³ "Pain," argues Mr. Munn, surgeon to the Colchester and Essex Hospital, "pain is doubtless our great safeguard under ordinary circumstances; but for it we should be hourly falling into danger; and I am," he continues, "inclined to believe that pain should be considered as a healthy indication, and as an essential concomitant with surgical operations, and that it is amply compensated by the effects it produces on the system, as the natural incentive to reparative action."⁴ M. Magendie, the distinguished physiologist, argued before the French Academy of Sciences that "pain has always its usefulness;" he doubted if there was a true advantage "in suppressing pain, by rendering patients insensible, during an operation," and argued that "it was a trivial matter to suffer (*c'est peu de chose de souffrir*), and a discovery whose object was to prevent pain was of slight (*mediocre*) interest only."⁵

I might go on quoting both medical and religious objections at one time brought to bear against these

¹ *Anæsthesia*. Sir J. Y. Simpson.

² *London Medical Gazette*, 1847.

³ *Edinburgh Medical and Surgical Journal*, 1847.

⁴ Simpson. *Op. cit.*

⁵ *Ibid.*

now universally employed agents, but it would be a waste of time. Mankind are to-day and always have been in sympathy with the *dictum* of Galen (*dolor dolentibus inutilis est*)—that pain is useless to the pained—and the few men who yet withhold, when indicated, the pain-relieving agents from suffering humanity because of religious objections or the mistaken impression that pain in itself is beneficial, will soon be looked upon as survivors of the dark ages.

Samuel Hahnemann, the founder of homœopathy, was born in Meissen, Saxony, April 10th, 1755, and died in Paris, July 2nd, 1843. His preliminary education was obtained in the high school of his native town. At the age of twenty he went to Leipsic to study medicine, paying his way by teaching languages and translating foreign medical authors into German. From Leipsic he went to Vienna, and, in 1777, his marked ability attracted the attention of Quarin, physician to Joseph II, and chief physician to the hospital of Leopoldstadt. The latter turned over to him one of the hospital wards, and subsequently recommended him to Baron von Bruckenthal, governor of Transylvania, in whose family he remained for two years, as physician and librarian. He took his degree as M.D., at Erlangen, in 1779. The succeeding six years he devoted to the study of chemistry and mineralogy at Gommern, near Magdeburg, becoming one of the foremost chemists of his day. In 1787, he settled in Dresden, and rapidly acquired a reputation as a physician and writer. But his love for the exact sciences caused him to become thoroughly disgusted with the then chaotic state of medicine, in which theories and hypotheses as yet took the place of facts and laws, and eventually he withdrew from a large and lucrative practice.¹

Returning to Leipsic in 1789, and resuming his study of chemistry, he endeavoured, with no great success, to support his numerous family by translating English and French medical authors. He tasted the very dregs of poverty, and at times could barely keep the wolf from his door. His desire to establish a new system of

¹ In this brief biographical sketch of Hahnemann I have obtained my data chiefly from the more extended one in the *Encyclopædia Britannica*. J. C. W.

therapeutics was stimulated by the severe attacks of illness to which his children were subjected, during which he was compelled to prescribe for them according to a system in which he had lost all confidence.

The law enunciated by Hahnemann is tersely expressed in the well-known formula, *similia similibus curentur*—like diseases may be cured by like remedies. He was anticipated in this doctrine by Paracelsus (1495-1541), Stahl (1660-1734), Haller (1708-1777), and even by Hippocrates, who mentions the law as governing isolated cases; but he was the first to show its general application in therapeutics. In 1790, while translating from the English into German (Cullen's *Materia Medica*) he was struck with the similarity of the effects of cinchona or Peruvian bark—from which quinine is made—when administered to persons in health, and the symptoms of intermittent fever. In order to test the matter for himself, he prepared an alcoholic tincture of *cinchona officinalis* of which he took a liberal dose, and was profoundly impressed with the similarity existing between the symptoms induced, and the fever for which the bark has long been known as a specific. Hahnemann further noted that the more closely the symptoms of intermittent fever corresponded to those produced by the "provings" of the drug, the more certainly and quickly would the drug cure intermittent fever. He next experimented with other drugs in order to learn whether or not the law *similia similibus curentur* was of universal application. He was likewise impressed with the similarity existing between the changes of organisation produced by mercury and sulphur, when administered to healthy persons, and the symptoms of the diseases for which they were considered specific (syphilis and itch). Early in his investigations he observed, too, that children who had been poisoned by *belladonna* frequently had an eruption resembling that of scarlet fever, and that the drug, when it was given in scarlet fever having a similar eruption, cured the disease.

As a result of slow and painstaking experiment, Hahnemann convinced himself that he had discovered a law of nature, and set to work to find out the method of its application. He argued thus: All drugs produce deviations from the standard of health, and it is presumed that every drug produces its own peculiar and

characteristic (artificial) disease. If artificial drug diseases are to be employed in counteracting natural diseases, "we must have a knowledge of drug diseases commensurate with the infinite variety of natural diseases." He therefore began at once to build up a new *materia medica* based upon provings of drugs administered to healthy human subjects, a work which he continued until the end of his life.

Hahnemann soon learned that diseased organs are extremely sensitive to medicines given in accordance with this law—as an inflamed eye is sensitive to a ray of light which in a state of health produces pleasure; hence the necessity of reducing the dose. To his great surprise and pleasure he found that quantities of medicine infinitely smaller than ever before prescribed, impressed the system in a most profound way when the drug symptoms corresponded with the disease symptoms. This fact, together with the consciousness that he had discovered a great therapeutic law, undoubtedly dazed his mental perception, so that in later years he carried his dilution to what many of us consider an extreme, if not ridiculous, degree. He wrote and said many things, which, to my mind at least, it were better for homœopathy had he left unwritten and unsaid.

Hahnemann published the results of his experiments, asking that they should be submitted to their only and ultimate test—a fair trial. He demanded the acceptance of no theory. By actual experiment he had been led, step by step, to the development of his system. Indeed, he emphatically asserts that he attached no value whatever to any explanation, his own included, of this law "inductively founded upon innumerable instances." All that he insisted upon in the application of this law was "the totality of symptoms, the single remedy, and the minimum (curative) dose." The minimum curative dose then meant and now means the smallest possible quantity of medicine capable of accomplishing the desired end, when given in accordance with the foregoing law, whether it be ten grains of the crude drug, or a dose of the higher potencies. What this may be in any individual case, must, according to Hahnemann, necessarily be left to the wisdom and experience of the practitioner.

Hahnemann first applied the new law in the treatment of insane patients in an asylum over which he had been given complete control by the Duke of Saxe-Gotha. The trial was attended with complete success. In 1796 he made his first public exposition of the law in Hufeland's *Journal der praktischen Heilkunde*. As might be supposed, his suggestions were ridiculed, and for fifteen years he was the object of virulent and unrelenting attacks, as even now is the case of his followers in many localities. In 1810 he published the *Organon*, in which homœopathy first received its distinctive name. He again returned to Leipsic, and, in 1813, having had allotted to him seventy-three cases of typhus fever, he treated them according to the homœopathic method and lost but one, an old man. This was more than the enemies of the system could tolerate. An old law, which prohibited a physician from dispensing his own drugs, was revived, and through this means he was driven from Leipsic to Köthen, where for a time he encountered the same hostility. Later on he moved to Paris, where he resided until his death, engaged in an active and lucrative practice. In both Leipsic and Berlin statues have been erected to his memory.

The foregoing brief dissertation upon homœopathy and its founder is given at the risk of boring you with familiar facts, for the purpose of again reminding you of the genius of Hahnemann, of his indomitable will and perseverance, of his prominence as a chemist, a physician, and a scholar. I have endeavoured to show how the dogmatism of so-called science placed its seal of condemnation upon the great discoveries of Harvey, of Jenner, and of Wells and Morton. You and I, as members of the new school, know only too well with what homœopathy has had to contend from its very inception. To us younger men it is largely a matter of history, though there are but few of us who have not smarted at various times under the lash of medical intolerance. We have, however, escaped most of the hard fighting which our grey-headed *confrères* could not escape, and did not try to escape. For the pioneers of homœopathy I have the most profound gratitude. The hundreds of hospitals and dispensaries now under homœopathic control, founded and maintained by the wealth and culture of the land, are fitting memorials to

the memory of those who have gone before, and a perpetual benediction to those yet with us. It is no longer necessary to enlarge upon the triumphs of homœopathy. We have reached a point where we can afford to review the past and contemplate the present with calmness and deliberation.

In judging men's motives, we must not do so from our standpoint but from theirs. As regards homœopathy, the reform—and to-day there are few men of the older school who will deny that Hahnemann's innovation was a reform—was so radical as to be almost incomprehensible. Indeed, the pendulum swung so far across the dial as to make absurdities inevitable. Within our own circle we find schisms and counter-schisms. Can we wonder then that men educated in the crudities of the medicine of one hundred years ago ridiculed the supremely æsthetic system of Hahnemann? Can we wonder that to-day broad-minded liberally-educated men of that school—and there are many such—are kept from, investigating homœopathy when at the very threshold of their investigations they are confronted with teachings so subtle as to transcend the mental horizon of many of us who have been born, reared, and educated under its banner? Can we honestly condemn such an one when he points the finger of ridicule at some of the nauseous and disgusting agencies which have been saddled on homœopathy, although no part of it; or blame him if his conception of the school is based on literature which would limit him, were he to subscribe to its tenets, to the absolute domain of *similia*? Taking human nature as it exists, and looking upon homœopathy from this standpoint, we must not consider a man educated in the dominant school entirely deficient in common sense and honest conviction if he cannot subscribe to these tenets.

We can, however, do this: We can remind the honest investigator that the practice of medicine is still an art, and probably will never become an exact science, and that so long as it remains an art, and until medicine shall have become an exact science, from the very nature of things there will be a conflict of opinion regarding the administration of drugs in disease; we can assure him that the question of dose cuts no figure in homœopathy, so far as its tenets are concerned, but that if he prescribes drugs upon the principle of *similia*, experience will teach

him the necessity of diminishing the dose, as it has taught Ringer, Bartholow, and Brunton, who under the insignia of "substitution," recommend marvellously small doses of *belladonna* for angina, *ipêcac* for vomiting, *arsenicum* for gastritis, etc. If he is honest enough to admit that this is homœopathy called by another name, but that medicines administered in minimum doses, or even one-tenth or one hundredth minimum doses, are still material, are still tangible, and within the grasp of the mind of the materialist, while even the medium potencies of the decimal or centesimal scale, not to mention the higher or extremely high ones, measured even by the calculus of fluxions, reach beyond human comprehension: to this declaration I should reply that, personally, experience has kept me from pinning my faith to the higher potencies, and that I can see no advantage in delving in them, but that some of my colleagues—honest, conscientious, successful men—prescribe the higher potencies with results satisfactory to themselves. I should further remind him that physics has not fixed a limit to the divisibility of matter, but that modern science is ever tending to lead the investigator from gross materialism into the realms of infinitesimals. Thus Koch has found that a solution of one part of gold to one million parts of water injected into the tuberculous guinea-pigs will put a check to the disease, and that even the presence of gold coin in gelatine containing tubercular bacilli will destroy them. He has rediscovered, too, what Hahnemann discovered at the very beginning of his investigations, namely, that because of the similarity existing between lymph symptoms and those of tuberculosis, the victims of tuberculosis are infinitely more susceptible to the action of the "magic fluid" than are persons in health.¹ His dilutions, therefore, make even a credulous homœopath smile because of their infinitesimal character. Pasteur's researches are in keeping with Koch's, and from the standpoint of drug materialism regular credulity is not very far removed from homœopathic infinitesimalism.

¹ This is not *homœopathy* but *isopathy*, yet it illustrates the point I wish to make, namely, the more closely drug effects correspond to disease effects, the smaller is the dose required profoundly to impress the organism. The fact that Koch's experiments made in this direction have proved unsuccessful, does not affect the force of the illustration.

I should in fairness admit that there are many absurdities in the teachings of Hahnemann, and in the homœopathic school; absurdities which, however, do not affect the reliability of the homœopathic law. Indeed, I should maintain that the very fact of the school growing as it has—attaining a prominence which has made it a power in the land, notwithstanding the absurdities which have attached themselves to it—affords the very best evidence in favor of the reliability and the usefulness of the law upon which the school is founded. Nor should I forget that “traditional” medicine has not run its course without the rise and fall of many innovations which do not redound to the glory of the so-called regular school. I do not understand that its members are especially proud of its record in venesection, a practice only abandoned when it became apparent that by it thousands of lives were being yearly sacrificed.¹ I do not understand that Kibbe’s fever cot, that Bergeon’s rectal injections of hydrogen sulphide, and that Brown-Sequard’s elixir of life, have proved startling successes. Nor do I understand that Koch’s lymph has exterminated tuberculosis, or that Kelly’s “bichloride of gold”—the latest fad—has put an end to drunkenness. If regular medicine is proud of this record, and of much more that is in keeping with it, then homœopathy is proud of potentised moonshine, with all the advantages of harmlessness on its side.

I should conclude by affirming, and with much emphasis, that homœopathy is not exclusive. There is no law, divine, human, or sectarian, preventing a practitioner of homœopathy from utilising any or all agencies, from whatever source, tending to promote the welfare of his patient. In the vast majority of cases homœopathy ousts antipathic expedients by the gentler and safer law of *similia*; but when a still gentler and safer and better method than *similia* is discovered, or is more applicable in a given case, we deem it our privilege and our duty to avail ourselves of it. The followers of

¹ There is a tendency to revive the practice of bleeding in the old school. I quote from *Ostler’s Practice*, 1892. “Pneumonia is one of the diseases in which timely venesection may save life. In a full-blooded healthy man [*sic*] with high fever and bounding pulse, the abstraction of from twenty to thirty ounces of blood is in every way beneficial.”

Hahnemann maintain a distinct organisation, because the dominant school, by its illiberality and dogmatism, has made and still makes it impossible for us to affiliate with it without the sacrifice of principle and of the dignity of manhood and womanhood. When the time shall come, probably many years hence, when the homœopathic practitioner can discuss homœopathy in the American Medical Association, and similar organisations of that school, with the same freedom that characterises his discussion in the now existing homœopathic societies; when he is permitted to enjoy equally all the rights, privileges and benefits of him who boasts of a medical ancestry dating back eighteen hundred years; when education, morality, and merit are the only standards by which the physician is judged, then, and not till then, will there be an amalgamation of the schools. Until then homœopathy proposes to maintain her own organisations, her own colleges and hospitals, and her own examining boards. Self preservation is the first law of nature, and if the lamb and the lion are to lie down together the lamb does not purpose being inside the lion.

I believe that homœopathy can afford to assume no other attitude than this. As a school we are strong enough to make our power felt, and we ought to be sufficiently liberal and frank to acknowledge our indebtedness and gratitude to the Taits, the Bantocks, the Listers, the Virchows, and the Leopolds, of the older school. We have learned much from them and their *confrères*. We are willing to learn all that we can in the future; but we ask in return a recognition of the indebtedness which the science of therapeutics owes to Hahnemann and his followers. Those of us who are daily and hourly administering to the sick, basing our prescriptions upon the principles promulgated by Hahnemann, know that we are pinning our faith to a law which, though not infallible, is capable, in a large percentage of cases, of doing all that can be done at the present time to promote the welfare of our patients. We cannot cast it aside without making light of our consciences, and we do not propose so doing. We believe that the interests of afflicted humanity would be better subserved by a more general application of it. Let us, therefore, present our system of medicine to the profession, and to

the world in its most presentable form. Let us strip it of its incongruities, which, I verily believe, have kept it from becoming the dominant system of therapeutics. Above all things, let us keep therapeutics within its proper sphere, remembering that there is a limit to the possibilities of drug action. Let us not forget the conquests of surgery, and the debt we owe to the many noted operators in the various special departments of our school, who have done so much toward dignifying homœopathy in the eyes of the public. And last, but not least, let us frankly admit that there are other methods and other laws of cure which are ours to use if we see fit to do so, and that if we choose homœopathy in a given case it is because we think it for the best interests of our patient so to do, and not because the precepts of our school proscribe another course. I am afraid that the "conceit of omniscience" is not limited to any one school of medicine, and I cannot believe that modern medicine can afford to be less liberal than modern theology.

Such in brief is the history of what I have been pleased to designate the four greatest epochs in medicine. We have seen that all were destined to promote the welfare and happiness of mankind, yet all were contested and fought by human passions, and human prejudices. Such was human nature, and such is human nature. Yet the progress of human thought is making rapid strides; the future is full of promise.

In 1592 a celebrated anti-religious professor of Padua had so little faith in the discovery of Galileo that he declined to look through the great astronomer's telescope in order to disprove the charge of "heresy" which had been made by the Church. In 1737 Galvani, when he announced his great discovery, was dubbed "the frogs' dancing-master." In 1743 Lavoisier, a noted French scientist, declared, in discussing the possibility of ærolites: "There are no stones in the sky, and therefore none can fall upon the earth." In 1752 Benjamin Franklin was greeted with shouts of laughter by the Royal Society of Great Britain when he declared the identity of lightning with other electrical phenomena. And as recently as 1822 Daguerre came very near being consigned to an asylum for affirming that "he could fix his own shadow on magical metallic plates." Thus have

the great sciences been evolved from the past. Such a retrospective study affords encouragement. Dogmatism will never be eliminated from the human mind; but there is less of it to-day than ever before. Great innovations will ever be contended against, and the fight which homœopathy has made and is still making is simply in keeping with the history of the past.

REVIEWS.

"Incurable" Diseases of Beast and Fowl. Boericke & Tafel.
Philadelphia. 1892.

It is very difficult to understand what really practical purpose is served—at all events so far as Great Britain is concerned—by republishing Mr. Moore's pamphlet on the treatment of pleuro-pneumonia in cattle under the above fanciful heading.

The diseases affecting beasts dealt with in the pamphlet are chiefly included in the *Contagious Diseases (Animals) Act*, and as such, veterinary surgeons in this country are not allowed to attempt treatment of any sort; the "stamping out" system reigns supreme, and although a most unscientific proceeding, and in itself "a miserable confession of helplessness" which we candidly admit, it has its redeeming features. Had owners and managers of stock discrimination sufficient to enable them to discern when cattle first show signs of illness, together with the candour to admit that they know nothing about the treatment of disease, and, as a consequence, entrusted their property to the care of a competent veterinary surgeon, then there would be some hope of successfully combatting such dire forms of disease as are facetiously described in this pamphlet as "incurable;" but as none of these conditions exist, and these various forms of disease are so rapidly communicable from one animal to another, decimating whole herds with fatal rapidity, the veterinary surgeon, whatever his principles in therapeutics may be, has no chance in ninety-nine cases out of a hundred of doing any good by treatment, and there is no doubt that the "stamping out" process is decidedly the cheapest for the country in the long run. No one has a greater reverence for Hahnemann nor a firmer belief in his system of therapeutics than we have, and we have no doubt that if anything could succeed in the medical treatment of such forms of disease homœopathy could supply them, but even then treatment would be useless unless the most stringent sanitary measures for the purification of byres and sheds were scrupulously carried out, for without these no

sooner would one animal be cured than another would be infected ; but no reference is made to this all-important provision in the pamphlet before us, and without it no advantage can be obtained by attempting treatment, even did the laws of the country permit it ; in Great Britain they do not, and we cannot recommend any stock owner in this country to attempt to utilise this otherwise very useful pamphlet ; there is much truth contained in its pages, but in the absence of full instructions relative to sanitary precautions it is of little practical avail even in a country where the laws allow of treatment being attempted.

PERISCOPE.

MATERIA MEDICA AND THERAPEUTICS.

CASES OF ANEURISM.—Dr. Carleton (*Med. Advance*, Feb.) reports a case of aneurism of arch of aorta, in which on the following symptoms he presented *ignatia* :—

“Throbbing, choking sensation behind sternum, worse from exertion or excitement, bulging, palpitating just above the sternum. At that time she was much troubled with dizziness, pain in temples, timidity, sighing and sadness. Those who wish to account for symptoms will be interested to hear that she naturally would have been sorrowful, by reason of repeated family afflictions. Her husband and all but one of her numerous children had died in quick succession. She never was informed of the nature of her malady, but advised not to make any great exertion. The symptoms called for *ignatia*, and that was the remedy she received, in the 200th potency. The frequency of its administration depended upon the violence of the symptoms ; when very bad, she took a teaspoonful of watery solution every few hours ; at other times, only morning and night, or omitted a number of days together.”

At first, the tumour continued to grow slowly, but the appetite and sleep improved, and the patient felt better and gained flesh. After a few months it ceased to grow, and she took up the occupation of nursing.

A case of popliteal aneurism in a waiter, æt. 32, was treated three times by varying methods of compression, but without success. In spite of *morphia* the pain, either during or after the treatment, became so severe as to make the patient wild and screaming, and to say he would prefer to have the leg off. Ligature of the artery was finally performed. It was followed by maddening pain, unrelieved by a large dose of *morphia*, by *bromide* or *chloral*.

“The patient screamed and tossed, and wanted to throw

himself out of the window. The symptoms that led me to select *coffea* were. 'pains seemed insupportable, driving to despair;' 'great nervous agitation and restlessness.' These tally exactly with Hering's *Materia Medica*. Besides, patient complained of 'arterial tension, twisting and wrenching, where the ligature had been applied, and running thence up to the heart and brain,' which corresponds pretty fairly with Hering's symptom, 'strong, quick palpitation of the heart with extreme nervousness, sleeplessness and cerebral erethism.' It is my present belief that *coffea* was his remedy from the start. Do not understand me as expressing the opinion that *coffea* would have cured the aneurism, nor that it would not; but it would have done good if given sooner than it was. The great fact to which your attention is called is that the similar remedy will produce euthanasia better than the contrary can. We all know that it will *cure* better."

DISEASES OF CHILDREN.

BONE PAINS.—Dr. Millie Chapman writes in praise of *mercurius*, *mezereum* and *kali carb*. A little patient with purulent ophthalmia and general syphilitic aspect and family history, extremely ill and old looking came under her care. The three named medicines proved of great value in controlling the crying at night, probably induced by bone pains.—*Southern Journ. of Hom.*

CEDEMA OF THE GLOTTIS.—A child 2 years old had scarlet fever, accompanied by so much gland and throat inflammation that tracheotomy was performed, and later intubation was resorted to as the tracheotomy tube induced so much coughing. When Dr. W. J. Harris (St. Louis) saw the case he found capillary bronchitis on the right side, heavily coated tongue, profuse sweating over the entire body and especially about the head; on falling asleep the sweating became much worse, there was extreme exhaustion and slow, feeble pulse; these were the most prominent symptoms. *Apis mel.*, third trituration reduced the cedema in twenty-four hours so that the child could swallow food in the natural way; the second day the child coughed up the O'Dwyer tube, which was not replaced. Child continued to thrive reasonably well without the tube. With the continued use of *apis* the swelling gradually subsided; the sub-maxillary glands, which had been much enlarged, also resumed the natural appearance.

The fever took on an intermittent character during the third week of my attendance; this was accompanied and followed by very profuse sweating about the head. *Calc. carb.* 12x relieved this entirely, and the child slowly gained strength.—*Ibid.*

AN EARLY SYMPTOM OF WHOOPING COUGH.—Dr. Hegnin, of Tourteron, affirms (*Union Med. Du Nord-Est*) that photophobia with dilatation of the pupil is a useful diagnostic symptom of whooping-cough in the early stage, before the cough has become characteristic. He cites three cases in support of this position; two of the patients were children and one an adult, and in all of them, the symptom referred to preceded any other manifestation of the disease.—*N. Y. Med. Times*.

INSOMNIA OF CHILDREN.—We reproduce here a few remarks from the pen of the late Dr. Lilienthal, published in the *Southern Journal of Homoeopathy* not long before his death. The veteran doctor, with his sunny face, was a great lover of children.

“ Though there are good and naughty babies, there is too often a good cause for their naughtiness, and let the mother remember that the baby is not always to blame for it. Everybody loves a *pulsatilla* baby, though it lies awake at night for several hours after being put to bed, for it is so affectionate and patient, and finally it drops to sleep without having made any trouble. Angels talk with the baby. Where *cypripedium* and *coffee* are indicated, in the former we find the child excitable (but not irritable), it laughs and plays at unusual hours, is very wakeful and laughs even in sleep; while in *coffee* that little brain keeps at its work and it is so full of play that it is hard for him to go to sleep.

“ Many mothers have the bad habit to let a lamp burn the whole night in the bed-room of their children, while we always found it more advisable to keep the lamp burning in the adjoining room; smooth their slumber if necessary by kind words and lullabys, but forbid nurses strictly to tell small children anything which might frighten them, for even their little brains have a very retentive memory. Thus many a child may be afraid to go to bed, tosses about from fright, fear and anxiety, all of which indicates *aconite*, while in *gelsemium* we meet night terrors before midnight, the child is nervous, excitable, a wide-awake feeling alternating with drowsiness. Under *kali brom.* the child shrieks out in its sleep, or, if old enough, complains of terrific visions. Such frightful visions we also meet in *nux vomica*: it wakes very early and will not go to sleep again; in fact, it is a *nux vomica* child from the start. In *conium* the child is awakened by frightful dreams, starts on account of a cracking in his head, sweats easily when closing eyes and during sleep. That nervous excitability prevails also in *cuprum* (will not stay in bed, wants to lie on the lap of its mother or nurse). In *hyoscyamus*, where the excitability manifests itself by sobs, by crying during sleep and twitching of muscles, the symptoms may be similar in *chamo-*

milla, but what a difference in the temperature. We might compare *sambucus* with *sticta*. In the former the child is found lying on its back with one or both hands thrown over the head, restless, tossing about and kicking off the bed covering; while in *sticta* the child wants to fly in the air, has its feet tossing about from mere nervousness. The symptoms of *belladonna*, *calcareo*, *magnesia phos.*, are too well known, but we must mention *stramonium*, that cowardly drug with light and company and indicated where the child will not go to sleep in the dark, but soon falls asleep with the nurse in the room with gaslight burning.

"We are not half through, but all babies are not well, and the insomnia may be only reflex from the internal organs, or, as in *mercurius* and *mezereum*, depending upon hereditary syphilis. Never forget that psora is a reality, and often the indicated remedy fails to work until the anti-psoric has done its duty."

ENTERIC FEVER IN YOUNG CHILDREN.—A few of the most important statements in papers on the above subject by Dr. Northrup and by Dr. Christopher are summarised as follows by the *N. Y. Medical Record* (May, 1892). The former stated that he had made about two thousand autopsies, and among these he saw about one hundred and fifty cases of enlarged glands not ulcerated. This enlargement was what excited his suspicion. He furthermore believed that an enlarged spleen cannot be percussed and palpated unless it is pushed below the ribs by crowding. The latter pointed out that bronchitis usually accompanies typhoid. The tongue is not indented by the teeth as in adults. The tip is bright-red and always moist. Face does not have typical anxious expression. The spleen he found always enlarged.

PROPHYLAXIS OF COMPLICATIONS IN SCARLET FEVER.—Dr. J. Lewis Smith, of New York, read a paper on *How to Prevent Complications and Sequelæ of Scarlet Fever*. The author spoke of the variations of the disease in different epidemics. He wished to call attention to the complications and sequelæ which should be given preventive treatment. He advised the use of disinfectants to the fauces at an early stage of the disorder. Recent investigations have shown that bacteria are always present in the fauces and nares, and the early frequent use of disinfectants will prevent not only the local inflammation, but also the systemic infection. Among other applications he mentioned the use of solutions of *peroxide of hydrogen*, *corrosive sublimate*, and *boric acid*. Eclampsia in the early stages of the disease shows great irritation of the nervous system. He regarded cold externally as especially valuable because of its antipyretic effect.

The author confidently recommended *aconite* and *phenacetin* in the severe nervous symptoms which accompany high temperature and precede eclampsia. He also spoke favourably of the use of the *bromides* for the nervous irritability of the early stage of the disease. The rheumatism, endocarditis, and pericarditis may be made less severe and dangerous by the use of local treatment to the fauces and by antiseptic sprays. The glomerular nephritis he regarded as due to a micro-organism, though it may be induced by cold.

Dr. J. H. Fruitnight, of New York, stated that in most cases of scarlatina the nephritis occurs in mild cases, because these are the ones that are neglected.—*N. Y. Med. Record*.

DIAGNOSIS OF PNEUMONIA IN INFANCY AND EARLY CHILDHOOD.—In a discussion on this subject, Dr. F. Forchheimer, of Cincinnati, said it should be remembered that in childhood it takes fifty to one hundred grammes of fluid to give evidence of its presence. In the vast majority of cases of encysted pleurisy the fluid is secondary to disease of the lung. While bulging is often great in the encysted pleurisy, it is not so in the general effusion. Auscultation can be relied upon when the quantity of fluid is great. He regarded ægophony as of rare presence in pleurisy. He did not advocate the introduction of the hypodermic needle to determine the presence of fluid. From a bacteriological standpoint the differential diagnosis of lobar and lobular pneumonia should be maintained.—*Ibid*.

THE DIAGNOSIS OF BRONCHO-PNEUMONIA ; ALSO THE TEMPERATURE RANGE IN ACUTE PNEUMONIA, BOTH LOBULAR AND LOBAR.—Dr. L. E. Holt, of New York, continued the discussion by a paper on the above subjects. The cases narrated were from the New York Foundling Asylum, and most of them under three years of age. It was the rule under three years of age to get the remittent type of fever in lobar pneumonia. The younger the child the later the crisis. After the temperature passed 104.5° F. the mortality increased with each rise of temperature. The broncho-pneumonia cases that are most favourable are the ones where the temperature is about 104°F. A continuous high temperature warrants a diagnosis of pulmonary disease, but the absence of fever does not preclude pneumonia. Localised sub-crepitant râles are to be looked upon as due to broncho-pneumonia. He would regard every doubtful case as one of pneumonia. EDWIN A. NEATBY.

MEDICINE.

ON THE OCCURRENCE OF NEPHRITIS IN SYPHILIS.—Dr. John A. Fordyce, of New York, states that the occurrence of albuminuria, with and without cedema, has not infrequently

been observed during the early outbreak of syphilitic manifestations. The author stated that cases had come under his observation where the albuminuria disappeared under the influence of mercury, and others in which the albuminuria had appeared coincident with the outbreak of the secondary symptoms, and to whom no mercury had been given. Reasoning by analogy, he was inclined to class this transient albuminuria with other congestive phenomena which take place in internal organs during the early period of this disease, or with the albuminuria which so frequently complicates acute infectious diseases. Aside from these cases of transient albuminuria in early syphilis, and the more severe amyloid, gummatous, and interstitial nephritis, a number of observers have noted the occurrence of an acute parenchymatous nephritis, pursuing a course not unlike the nephritis of scarlatina, terminating at times in recovery, and again passing into a chronic form. Dr. Fordyce then gave the history of a case of this kind which came under his own observation.—*N. Y. Med. Record.*

NOTABILIA.

BRITISH HOMŒOPATHIC SOCIETY.

On the last evening of the annual assembly after considerable discussion, in which most of the members present joined, it was decided to make certain alterations in the laws of the Society. In addition to some minor suggestions, the following important points were included in these alterations:—

A new law was passed allowing members, if they deemed fit, to form themselves into branches, so reverting to one of the original laws made at the foundation of the Society. It was further decided to issue the *Transactions* quarterly, and to supplement them with an annual list of officers and members. Lastly, the scope and duties of the Council were considerably increased and extended.

At the annual assembly of the Society held at the London Homœopathic Hospital, on June 30th last, the following office-bearers were elected for the session 1892-1893:—

President: Dr. Galley Blackley. *Vice-Presidents:* Drs. Byres Moir and Madden. *Treasurer:* Dr. Dudgeon. *Council:* Drs. Blackley, Dyce Brown, Burford, Dudgeon, Goldsbrough, Mr. Harris, Drs. Hughes, Madden, Moir, and Mr. Knox Shaw.

At a meeting of the council, held July 14th, Mr. Knox Shaw was elected Secretary of the Society.

THE WORLD'S COLUMBIAN EXPOSITION.

THE following preliminary address has been issued by the committees of the World's Congress Auxiliary on a Congress of homœopathic physicians and surgeons in connection with the Columbian Exposition at Chicago, in 1893 :—

“ The World's Columbian Exposition of 1893 will be made notable by a series of congresses to be held under the auspices of the World's Congress Auxiliary. This is an organisation authorised and supported by the Exposition management, and approved by the United States Government. Ample audience rooms, with special facilities for sectional as well as general meetings, will be provided by the Directory of the Fair in a magnificent Art building to be erected on the Lake Front. It is confidently expected that these congresses will add very greatly to the character and utility of the Exposition, and leave its most permanent impress upon the world. Those pertaining to medicine will be of the highest importance, as they will deal with questions essential to human welfare. The history of the epidemic which has so recently swept over the world teaches us that, great as has been the advancement in medical science in the last quarter century, we have still new problems to solve, and failures in therapeutic means to acknowledge. At the last quinquennial Congress a prominent representative of our school stated that the proving of medicines had but just commenced. A gathering of representatives of our school, more cosmopolitan and numerically superior to any heretofore assembled, will afford opportunity for discussion of the leading medical questions of our time in a manner calculated to elicit the best medical thought of the age and secure the most practical results. It is proposed to make prominent the consideration of the questions specially pertaining to the position of homœopathy as an established school of medicine; to show that our work and influence in medical education has been commensurate with the dignity and importance of our school; to make manifest our aim to be associated with every worthy medical reform; to establish more definitely the relation in which we stand to other schools of medicine; to declare our willingness to remove every barrier to the co-operation of all schools in the general work of the medical profession, leaving in the hands of each full liberty to pursue its special work; to take steps to secure in all directions a candid consideration of our tenets and practical work; and, while truly loyal to homœopathy, to demonstrate that nothing which concerns the health of humanity, in its widest aspects, is foreign to our endeavour. In furtherance of these ends the following topics are suggested for the consideration of the Congress :—

" The history of the progress of homœopathic medicine to the date of the Congress of 1893.

" The temperate and careful estimation of the value of statistics of the result of homœopathic treatment, both public and private.

" Plans for the revision, simplification and improvement of our *materia medica*.

" Bacteriology, its relation to homœopathic practice.

" Methods for the establishment of drug-proving on a more uniform and scientific basis.

" The influence exerted by homœopathy on medical education and practice in general.

" The part to be sustained by homœopathy in the prevention and control of epidemics.

" The importance of uniformity of pharmaceutical preparations.

" Estimation of the value of efforts to enlighten the public on the true principles of homœopathy.

" The relation of adjuvants to our therapeutic methods, including the effect of morals, culture and music on the prevention and cure of disease.

" Modern surgery as exemplified by the labours of homœopathic surgeons.

" Specialties, including consideration of their necessity and benefits, and the part they play in the development of the homœopathic system.

" It is the desire of the committee to secure the co-operation of all societies now organised for the promotion of these objects, national, state or local. All such are cordially invited to appoint committees to act in connection with those of the Congress. And in order that the great interests to be considered may be presented in the most scientific and comprehensive manner, it has been determined to appoint an advisory council of eminent members of our school in all lands where we have representatives. The committee earnestly request all these to offer suggestion and plans for the development of the Congress to a position worthy of homœopathy and the occasion. It is hoped that a large meeting of members of the advisory council can be secured at the next session of the American Institution at Washington, when final plans for the Congress can be arranged.

" The work of women in connection with the Columbian Exposition has been such as to attract the favourable attention of the world. We have reason to expect a continuance of this earnest work on the part of the woman's committee on homœopathic medicine and surgery, which will act jointly with our committee for a congress of both men and women,

though a separate preliminary address on the part of the woman's committee may be issued.

" J. S. Mitchell, M.D., *Chairman*,
" R. Ludlam, M.D., *Vice-Chairman*,
" W. A. Dunn, M.D., *Secretary*."

On the advisory council the committee have appointed Dr. Drysdale, Dr. Dudgeon, Dr. Hughes, Dr. Pope, Dr. D. D. Brown, and Dr. Stancombe, from among English physicians.

AMERICAN NOTES.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The forty-ninth anniversary meetings of this body were held at Washington during the week commencing the 18th of June. The opening meeting was held at the Grand National Theatre during the evening of the 18th, the stage of which was decorated with palm trees and a portrait of Hahnemann, framed in a brilliant border of *immortelles* and tiny incandescent lamps. The Marine band played an overture, "The King Lieutenant," and after prayer had been offered by the Rev. Dr. Bettinger, Dr. Custis, of Washington, welcomed the visitors in an eloquent address concluded amid the hearty applause of the audience and the presentation to the orator of an immense bouquet of roses. Dr. Custis was followed by the President of the Board of Commissioners (an office equivalent to that of Mayor in other cities), who welcomed the members of the Institute on behalf of the citizens of Washington. A further note of welcome was sounded by Representative Dalzell, the chairman of the National Homœopathic Hospital Association. After a magnificent rendition of "The Chariot Race" by the Marine band, Dr. T. S. Verdi told the pathetic story of how in years past homœopathy fought for national recognition." These preliminaries over, the real business began with the annual address by Dr. Kinne, the President of the Institute. He spoke of the progress which homœopathy had made in the United States since 1825, "when there was but one lone representative" of the colleges—sixteen in number—annually graduating 500 students; colleges which "in facilities for didactic and clinical instruction were the equal of any in the land." He referred also to the "76 hospitals with a capacity of 5,897 beds, and 47 dispensaries" connected with or related to the colleges; and to the legislation which, in different States, it had been sought to introduce for "the sole purpose either avowedly or implicitly of exterminating the troublesome sect" of homœopaths. Speaking confidently of the future of homœopathy, Dr. Kinne concluded an eloquent and much appreciated address as follows:—

"What warrant have we for prediction? The parallelism of advance in other departments of truth, science, and art.

To-night the world is bathed in the effulgence of the electric light—the light of the nineteenth century. But two short decades since it existed only in the brain of man—now we chain it to our chariot wheels, it carries our burdens, it lessens our cares, it blesses our life. I stand in awe and wonder of earth's possibilities, and think perchance the time is near when we shall pierce the secrets of those stars which in the firmament above are lights along the highway of our God. And will He not heed the cries of His suffering ones, and give to man the wisdom to minify the curse entailed from the genesis of creation? If in power His 'lightnings enlightened the world,' then in His mercy 'He healeth all thy diseases.'

"My friends, we live but for the future. In ourselves we evidence all the good which preceding generations have wrought out, and so the future shall show forth our acts. Each thought, each word, each deed shall leave its impress on posterity. The ceaseless beating of the sea which breaks down all resistance is not more certain than the result of aggregated, prayerful, faithful effort in this grandest labour of life."

On the 14th of June, Dr. Woodward, of Chicago, presented a report on "A series of experiments with *cinchona*, *ipêcacuanha*, *pulsatilla*, and *rhus toxicodendron*, made for the purpose of learning the common sequence of effects produced by each of these drugs upon the healthy body." Dr. Millie Chapman presented the report of the Committee on Diseases of Children, Dr. Fisher that of Medical Education; next in order came that of the Committee on Medical Legislation. From this we learn that under a recent ruling of the Surgeon-General's office, graduates of all legitimate medical colleges requiring a three years' course of instruction are available for appointment in the medical service of the army upon passing the examination of the department. Under this ruling the homœopaths complying with the necessary conditions are placed on an equal footing with the disciples of the old school of medicine, a state of things that has not existed heretofore. The Committee also report the defeat of the Bill introduced in the Legislature of Louisiana by the old school doctors two weeks ago giving to their sect the exclusive right of practising medicine in the state of Louisiana.

At this meeting the officers for 1893 were appointed. Dr. J. H. McClelland, of Pittsburg, being elected President, Dr. Fisher, of San Antonio, Texas, and Dr. Millie Chapman, of Pittsburg, Vice-Presidents. Chicago was unanimously chosen as the next place of meeting. At the close of the morning meetings, the President of the United States received the members of the Institute at the White House.

After having shaken hands with the President the members were all photographed, and then the business of the various sections commenced. That on *Gynaecology* was presided over by Dr. M. J. Runnels; that on *Sanitary Science* by Dr. Bushrod James, in the absence, through illness, we regret to learn, of Dr. D. H. Beckwith, of Cleveland. Dr. James read a paper on *Climatic Rules, or Maxims for Invalids*. This he introduced by the remark that "every average well-to-do family must have a summer and winter tour, and it is all they can do to keep from having a tour between times." Dr. Dennis discoursed on "The School as an Agent in the Spread of Sanitation;" Dr. P. P. Wilson on "Sanitary Science in its Relation to Political Economy." The Deans of the various colleges met in committee during the afternoon, and discussed points of detail in college education and training. In the ophthalmic section, presided over by Dr. A. B. Norton, numerous papers of interest were read. The section on Anatomy, Physiology, and Pathology, with Dr. W. D. Morgan, of St. Louis, as its president, met in the evening, when several papers were presented. In the section on Mental and Nervous Diseases the principal paper was that by Dr. Chas. S. Mack, of the University of Michigan, upon the "Treatment of Epileptics." Dr. Mack devoted his paper to the consideration of three general methods of treatment, first the surgical, second the palliative medical, and third the homœopathic or specific. On the following day the morning was occupied by the section on Diseases of Children, presided over by Dr. Millie Chapman, when papers on a variety of topics were read.

Afterwards Dr. J. P. Dake, of Nashville, read the report of the Committee on the Pharmacopœia, which gave rise to an animated discussion on nomenclature. At the sections on *Materia Medica* and *Surgery*, various important and interesting papers were read and discussed. At the conclusion of the business of the sections a trip was made down the river, when a party of 800 of the members of the Institute with their friends proceeded first to Mount Vernon (the American Mecca) and then to Masshuli Hull, where an excellent dinner was served beneath the ample foliage of stately trees—the large dining hall of the place being inadequate to entertain so large a number of guests.

The next and concluding day of the meetings opened with a report by the Senate of Seniors on the subject of proprietorship of patent medicines—a matter which had been referred to them by a resolution of the Institution. They reported that they had considered the circulars and practice which had been laid before them, and found them to be in direct violation of certain sections of the Code of Medical Ethics.

The sections referred to were quoted, and the report says that the Senate would construe the language quoted as forbidding any member or members of the society or of any association or subordinate society in affiliation with this, whether acting as an individual or as members of an association or company, to advertise themselves as being possessed of some remedy or some method of cure, a knowledge of which could not be enjoyed by their professional brethren without some financial consideration. In their opinion it was subversive of all good fellowship and destructive of all social and professional effort for physicians to claim means of sure and special skill not possessed by, or possible to be possessed by, their associates.

Votes of thanks were passed to the various bodies and committees in Washington, who had exerted themselves to render the assembly so pleasant and successful as it had been, when, with a hearty vote of thanks to the eloquent and genial President—Dr. Kinne—the Institute adjourned, to meet in Chicago in 1893.

An important step has, we learn from *The Hahnemannian Monthly*, been recently taken towards the official recognition of homœopathy as a distinctive therapeutic method by the municipal authorities in Philadelphia. The City Council was petitioned to favourably consider an ordinance appointing, in each of the medical districts of the City, a reputable homœopathic physician, whose duty it shall be to furnish gratuitous medical treatment to the sick poor. The petition has been granted, and its prayer now forms one of the regulations of the city; so that the poor of Philadelphia—like those of Antwerp—are now able to choose which form of medication they will resort to when ill, that which proceeds upon the lines of tradition, or that which is based upon the scientific method of Hahnemann. Further, an ordinance has been passed, that two of the four medical inspectors of the city shall be homœopathic physicians. These latter positions carry with them large salaries, and the appointments are made by examination according to Civil Service regulations.

We hear, with great regret, through our American Exchanges, of the death, after a brief but severe and complicated acute illness, of Dr. Laning, of Chicago, in the 41st year of his age. Few men, in the ranks of the American medical profession, have, during a comparatively short life, given greater evidence of a higher degree of medical skill, or the possession of greater medical learning, than Dr. Laning has done; and his loss to homœopathy, to the Hahnemann Medical College, where he was one of the Professors, and to the profession in Chicago, as a consulting physician, is unusually great.

HOMŒOPATHY IN SYDNEY.

WE learn from the *Sydney Morning Herald*, for which we are indebted to Dr. W. G. Watson, of Sydney, that on Friday, the 20th of May, "a large gathering took place at 188, Macquarie Street, over which Sir William Windeyer presided, as a preliminary step to the establishment of a homœopathic dispensary in Sydney. Sir William Windeyer, in opening the proceedings, gave a short sketch of the earlier history of this movement, reminding his hearers of the part he had formerly taken in the effort at one time made to secure a ward in one of the Sydney hospitals for the treatment of poor patients upon homœopathic principles. This was asked, not as a concession, but as a right. The professors of homœopathy argue that when the taxes are used to support public institutions they are entitled to their fair share of the benefits to be derived therefrom. This, they assert, they do not get. When going to allopathic hospitals they are forced to accept a system of treatment obnoxious to them and in which they have no confidence. This proposition was favourably entertained by some of the Ministers of the day and discussed in the House; after which discussion it was referred to the Government medical advisers, allopathic, of course, and it is needless to say, was shelved, as the report upon the subject was, as might have been expected, adverse. Homœopathic practitioners have again and again challenged this kind of test of their claims, usually with a like result, and are therefore compelled to assert themselves by establishing independent hospitals, dispensaries, and homes for the treatment of their cases. Sir William also pointed out the headway homœopathy has made in Melbourne, where there is a splendid hospital building, inferior to none of its kind in the southern hemisphere, which is constantly filled, and doing a great work. At the same time he predicted the day would come when Sydney would have an equally flourishing institution as the headquarters of homœopathy in the colony. The following resolution was moved by the Hon. L. F. Heydon, M.L.C., seconded by Dr. H. Payne Scott, and carried unanimously:—
'That it is desirable that a homœopathic dispensary be established, to be called the Sydney Homœopathic Dispensary.' A provisional committee, consisting of all the legally qualified homœopathic practitioners in Sydney, and the ladies and gentlemen present, with power to add to their number, was formed, on the motion of Mr. Benjamin Backhouse, F.R.I.B.A., seconded by Dr. B. Simmons. Dr. Maffey will act temporarily as honorary secretary. Active steps are being taken to secure suitable premises in a central part of the city, and so bring the institution into working order without delay.'

HOMŒOPATHY.

WE quote from a contemporary the following interesting contribution :—

THE desire for truth being the root of all true science, writes Mr. Gerard Smith, I feel sure that you will be ready to insert in your journal some remarks upon one of the answers to "Science Queries," in your number of May 15th, answer No. 98, upon the subject of homœopathy, must have been written by some person who knows not even the first elementary facts of the matter upon which he writes. He says, that the first dilution of a homœopathic drug is made by mixing one grain of a drug with a gallon of water, and taking one drop of this mixture and adding it to another gallon of water, this means that the 76,800th part of a grain is mixed with a second 76,800 drops of fluid. These are the statements of your correspondents.

The facts are these: The first dilution in the decimal scale is made by adding one grain of the drug, or one drop if it be a fluid, to 10 grains or drops of fluid, and the first dilution in the centesimal scale is made by adding one grain, or one drop, to 99 drops of fluid; is there not a large difference here? 10 and 76,800 do not compare very closely, and 99 is not very near to 76,800.

As to the reasonable theoretic grounds of homœopathy, as your correspondent did not enter upon that point (which was the main object of the query), I will briefly state them.

Premising that homœopathy may be practised in any dose, and that the minute amount of medicine is not necessarily a part of the system, I beg to state, that as a homœopathist I work on these theories (and they have all been proved tenable in actual work), I regard every case of illness as the exhibition of a struggle going on in the body of a living creature, the symptoms evident to my senses, and to those of the sufferer being signs to me of the fight between the disease and Nature's efforts towards recovery. The "vis medicatrix Naturæ" is the first article of my medical creed, these signs I try to follow, and I wish to ascertain in what way the natural efforts can best be aided, I find that a large proportion of disease symptoms are such that if smothered or crushed by the administration of oppositely acting drugs, the result to my patient is to retard recovery, therefore, I look for some medicinal substances which will act in the same way as these symptoms, not to oppose (allopathy), but to help, the efforts I see going on.

I find that, as a fact, all actively efficient substances are capable of producing in the body symptoms parallel with those of different disorders, and also, as a fact, if I use a

drug which produces in experiment in the healthy body the train of symptoms which I have before me in a patient. I more often give relief, or cure, than if I use any other.

Secondly, I must not use so large a dose that I increase the sufferings of my patient (though some most striking cases of subsequent cure have arisen after such aggravation) so I select a dose less than will aggravate.

And thirdly, I know that medicinal substances to get into the blood of a living being must do so by osmosis, and therefore, must be administered in a more attenuated form than if I wished simply to provoke the stomach or intestines to get rid of them (as is frequently done in allopathy), therefore, I dilute them, and obtain effects otherwise unattainable. It is the *form*, not the *amount* of the drug, which is the important point.

These theories can all be tested by convincing experiments. Finally, let me say that we have evidence that there is a more delicate test for many drugs than either the microscopical or the chemical, and that is the physiological, the effects on the living body, which is far more sensitive than the apparatus of the laboratory.

[We have much pleasure in placing Mr. Gerard Smith's theories before our readers, but would point out with reference to the concluding paragraph, that what was advanced by our correspondent was not the suggestion that a point might be reached at which chemical tests would fail, but that a point might be reached at which further "dilution" of a medicinal drug would become a matter of physical impossibility. In reply to a question we have addressed to the writer of the answer, he informs us that his authority for the statements we published is Prof. Tait's book.]—*Science Siftings*.

AN ANTI-CANCER LEAGUE.

WE learn from the *Lancet*, July 9th, that a league has been formed in Paris for the elucidation of the real nature of cancer. The idea originated with Professor Verneuil and a committee of well known French *savants* has been appointed. An appeal is made in a public address for the collaboration of "pathologists, clinicians, histologists, microbiologists, veterinary practitioners and even geographical explorers." Congresses will be held, and a journal published to bring into prominence any information gained, and prizes will be offered to stimulate research. It is high time that some steps were taken to prevent the rapid increase of cancer which is said to have taken place of late years, and we hope the efforts of this new league will be seconded by the profession in French-speaking countries, and that other nations may be induced to join in the investigations.

CORRESPONDENCE.

THE CAUSE OF SNORING.*

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Dr. Hayward, in his interesting paper on *Night and the Doctor*, in your last issue, speaking of nocturnal snoring, says, "it is a subject which, in my opinion, deserves more serious study and attention from the profession than it has yet received. The pathology and therapeutics of this wide-spread affliction are very unsatisfactory."

This is surely an exaggerated view to take of what appears to me to be a very simple affair. Whilst freely admitting, with Dr. Hayward, that "a snoring spouse or neighbour is distressing," I have never looked upon snoring in the light of a disease, but simply as a nuisance, arising from the perfectly healthy habit of sleeping with the mouth open. This opinion is based on the broad rule that without considerable effort you cannot snore with the mouth shut. A certain amount of noise may, it is true, in some instances be made with the mouth shut, but it is entirely wanting in the genuine ring of an honest snore. Habitual snorers, moreover, sleep as calmly and soundly without effort as those who do not snore.

As to the pathology, or as I prefer to call it, the acting cause of snoring, it clearly depends upon the meeting, at the back of the throat, of the two currents of air entering from the nose and the mouth, whereby a rapid oscillation or flapping of the *velum palati* is produced, and from which the noise arises.

Now, as to the remedy. This, if my view of the matter is correct, consists, self-evidently, in sleeping with the mouth shut. Persons who snore should make a habit of closing the lips, and of bringing the chin down towards the chest, as far as it can be comfortably borne, before going to sleep, and should not throw the head back and open the mouth, in the picturesque fashion with which most of us are familiar. Children are great offenders in this respect, owing no doubt very much to the soundness of their slumbers. They should be taught to close their lips in falling asleep. In this they may be greatly aided by gently supporting the chin by a handkerchief, or light bandage placed under it, and tied at the top of the head.

Dr. Hayward concludes his remarks on this subject with the following encouraging statement, viz.: "that a cure is desired may be imagined from the large sales and expensive advertisements of the panaceas, which profess—impudently

* Inadvertently omitted from our last issue.

and falsely, I understand—to completely cure the habit. There is a fortune for any of you, and fame for homœopathy, if you can produce a specific." Having complied—I trust, fairly and successfully—with this condition, it only remains for me to ask Dr. Hayward kindly to inform me where to apply for the promised reward.

Yours faithfully,
S. YELDHAM.

June 16th, 1892.

HARROGATE WATERS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Could you or any of your readers kindly give me any information on the Harrogate Waters, and tell me what books, either allopathic or homœopathic (if any), have been written on them? Also, if any books have been written on the homœopathic action of any mineral waters, and, if so, what are their titles and where I could get them.

I am, your obedient servant,

ARTHUR ROBERTS, M.D.

Princes Square, 11th July, 1892.

TWO HIGH DILUTION CURES.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Though a novice at homœopathy I should like to contribute two cases to the discussion on high dilutions, though I do not make it a rule to give them.

A man, aged 50 years, came to me suffering from severe pain over the duodenum and congestion of the liver. He had been under two allopathic doctors, and was himself an hydropath and had tried mustard packs, &c. I gave him *lycopodium* 1 m, and the second dose completely took the pain away. Ever since whenever his liver has troubled him, two or three doses of the same remedy would set him all right.

A lady, aged 42 years, complained of constipation of long standing, and piles with weakness of the back. *Æsculus hip.* 1 m. completely relieved her in 24 hours, and by taking an occasional dose she can keep her bowels acting and regular. Previously, she had to take strong purgatives every week or so.

When I have succeeded in selecting the right remedy I have never known the high dilutions to fail.

I am, your obedient servant,

ARTHUR ROBERTS.

11th July, 1892.

NOTICES TO CORRESPONDENTS.

*. * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance : Medical. In-patients. 9.30 ; Out-patients, 2.30, daily ; Surgical. Mondays and Thursdays. 2.30 : Diseases of Women, Tuesdays and Fridays, 2.30 : Diseases of Skin. Thursdays, 2.30 ; Diseases of the Eye, Thursdays, 2.30 : Diseases of the Ear, Saturdays, 2.30 ; Dentist, Mondays, 2.30 ; Operations, Mondays, 2.

Communications have been received from Dr. BURFORD, Dr. BLACKLEY, Dr. J. R. DAY, Mr. KNOX SHAW (London) ; Dr. STONHAM (Ventnor) ; Dr. ROBERTS (Harrogate).

Dr. BLACK NOBLE has removed (from Trinity Square) to 167, Kennington Park Road, S.E.

BOOKS RECEIVED.

Suggestions to Patients. By W. A. Yingling, M.D. Philadelphia : Boericke & Tafel. 1892.

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THE MONTHLY HOMŒOPATHIC REVIEW.



THE BRITISH HOMŒOPATHIC SOCIETY.

THE last number of our *Review* contained a paper by the retiring President of the British Homœopathic Society, in which certain proposals were made for so widening the sphere of the Society's operations as to render its membership more attractive to medical men practising homœopathy outside of the metropolitan area. These proposals elicited a long and animated discussion when they were presented to the Society, and at its conclusion were adopted by a large majority of those who took a part in it.

An increase in its roll of members is much to be desired, for little more than a third of those medical men in the United Kingdom who acknowledge the truth of homœopathy, and who daily avail themselves of the therapeutic method of Hahnemann, are at present connected with the Society. At the same time it must be noted that new members have during the last few years been elected in proportionally greater numbers than for a considerable period previously; so that, as a consequence, the present list of members is longer than it ever was before. Still, many who ought to be connected with the Society have so far remained aloof from it.

Mr. Shaw regards the "sadly sordid motive" expressed by the man who, living at a distance from London, abstains from joining because, as he is unable to attend the meetings, he cannot, he alleges, "get anything out of the Society" in return for his subscription, as being the chief reason why so many homœopathically practising physicians prefer to remain unconnected with it. Doubtless this is, by many, held to be a sufficient excuse for not entering the Society. At the same time it is an excuse which cannot be regarded as applicable to men practising homœopathically in London; and yet only a very few more than one half of those who do so are members. So far then, this cannot be regarded as the only reason for the existing deficiency in the number of members. We fear that another and a much more powerful cause for this deficiency is to be found in the existence of an "apathy" and an "indifferentism" in regard to the work of the Society. The late Dr. Quin, in a letter replying in 1859 to someone urging a change in the constitution of the hospital as being likely to interest a greater number of our colleagues in its welfare, when disagreeing with such an expectation, wrote as follows:—"There is an indifference and apathy to what does not affect their own localities, or promote projects in their own immediate neighbourhood, in a great number of our body, which prevent their putting their shoulder to the wheel to aid the cause, on a broad and general basis." And he adds, "I do not say this by way of reproach to or in anger with any one, but in a spirit of regret and sorrow that it is so. It is, alas! human nature." Yes, unhappily for the progress of much important work of every kind that does not present some immediate prospect of tangible material advantage to the individual—such is human nature!

If, however, we look at the objects kept in view by the Society, if we examine the work the Society has done, is doing, and even now contemplates doing, we shall see that it consists in something far more important than holding meetings for the reading and discussion of medical essays; and, moreover, that it is work of a kind which no private individual could undertake, while at the same time it is work of the greatest necessity to homœopathy, work which, if left undone, would, for a while at any rate, check the progress of

scientific therapeutics. To work of this kind Mr. Shaw draws attention when he mentions the publication by the Society of *The British Homœopathic Pharmacopœia*—a volume necessitating considerable expense both in its preparation and publication—an outlay which no publisher would willingly have assumed the responsibility of; and yet, a book essential to pharmaceutic accuracy and uniformity. Of this the Society has published three editions, and will, in due course, be called upon to issue a fourth. *The Cyclopædia of Drug Pathogenesis*, to the preparation of which Dr. Hughes has devoted the whole of his leisure time during the last ten years, is an undertaking which, without the resources of the Society, would certainly never have been attempted by any English publisher, who had to live by his business. As the *Pharmacopœia* was necessary for the correct preparation of medicaments, so is the *Cyclopædia* essential for an accurate knowledge of the effects drugs produce on the healthy organism; a knowledge which, by the very terms of the homœopathic principle, is a condition precedent to our employing them in order to assist in the restoration of health to the diseased organism. Theoretical views based upon the physiology or pathology of our time have no place in the *Cyclopædia*, it is a collection of ascertained facts, and hence as fitted to be useful a century hence as it is found to be to-day. The Society, has, we believe, rendered assistance in the publication of the translation of Hahnemann's *Materia Medica Pura*—a medical classic now presented in a more trustworthy form than it ever had been previously. Similar aid was given to the production of the *Materia Medica, Physiological and Applied*—a work of the greatest value, but, at the same time, one for which only a circulation too limited to induce any publisher to issue it could be expected. Ameke's *History of Homœopathy*, not merely the best, but in reality the only book which gives a full and trustworthy account of the development of homœopathy from the days when Hahnemann first commenced those researches, which led to that therapeutic reform of which our patients have the great and inestimable advantage, is another interesting and useful publication for which we are indebted to the Society. The Society has before it the prospect of doing its part

in bringing out the *Index to the Cyclopædia*, upon the preparation of which Dr. Hughes is now engaged. Every member of the Society has, through his subscription, done something towards placing these standard, and if homœopathy is to be practised in the future with as much accuracy as is desirable, if it is to continue to be the light of therapeutics and to burn with ever increasing brilliancy, these *essential* volumes of reference and of study within the reach of every member of the profession of medicine.

Further, in the very important department of education, the Society has in times past, and will, we trust, again in the future, conjointly with the board of management of the hospital, rendered important services by instituting lectures on the Principles of Homœopathy and on Materia Medica, and an annual oration, not only as a memorial of Hahnemann, but an address designed to draw attention to some of the leading features of the therapeutic method which we owe to him, to point out their value to the physician and their importance to his patient. Though in the present hostile or indifferent attitude of the old-school members of the profession, their objection to know, or carelessness of knowing anything of homœopathy, the encouragement to persevere in these methods of pressing the subject upon the attention of medical men and medical students has not been great, we cannot but regret the want of patience and perseverance we have shown by their discontinuance. It is only by following the late President Lincoln's resolution to "keep on pegging away," that we can ever hope to extend so great, so immense a therapeutic reform as homœopathy. There is, we are assured, much work for the Society to undertake in this direction.

Again, such a Society as the British Homœopathic—more especially if it included the whole or nearly the whole of the practitioners of homœopathy in this country—would have an appreciable influence in determining movements in favour of or opposed to the interests of homœopathy and those who practise homœopathically throughout the country. Happily, the 23rd clause of the Medical Act has prevented most of the persecution which it was the anxious desire of the original promoters of that measure to pursue under its authority and protection;

while the force of public opinion has put a stop to other forms of annoyance. But though professional and social *impedimenta* to the security and comfort of the homœopathic practitioners are rarely perceptible now-a-days, there exists only too much evidence that the spirit to create them still lives, and, if exercised, would give satisfaction to many of the surgeon-apothecary tribe. We therefore do not know, cannot know, when a sudden emergency, involving the sacrifice of professional rights on the part of one or other of us, may not arise. To meet an emergency of this kind, to defend and protect a brother homœopathist in the maintenance of his rights as a member of the medical profession is the bounden duty of the Society. By the adoption of one of Mr. Knox Shaw's proposals—that involved in the alteration of the constitution and duties of the Council—the Society is now in a better position to perform this duty than it was when the Council was, for all practical purposes, little more than a distinction for members who had held the chief offices of the Society. It is now a working body, having enlarged and better defined duties to carry out, and meeting at regular instead of irregular intervals. The possible infringement of our professional rights because we practise homœopathically may at any time call for united action. On such an occasion we should all stand together shoulder to shoulder, and in no way can we occupy such a position more effectively than through the organisation which we have in our Society.

Once more, the Society, through its Council, may be of invaluable service to young practitioners—inexperienced in the wiles of envious professional neighbours—in advising them how to act in circumstances of perhaps some difficulty. Many homœopathic practitioners are, by reason of their acknowledged confidence in homœopathy, in a position of professional isolation. It might be going too far, at the present time, to describe them as being surrounded by enemies, but most certainly their medical neighbours would, in most instances, observe them “tripping,” or making a false step, with a great deal of real satisfaction. Here, again, the advice of the Council would prove a useful and grateful support to a brother practitioner, and prevent many a professional mistake and much personal discomfort. In a

word, the Council of the Society is ever ready to assist a member of the Society in any professional difficulty arising out of his public avowal of the truth of homœopathy.

It is, then, both a duty and a distinct advantage to the homœopathic practitioner to belong to the only institution in the country which devotes a considerable portion of its property and of the energy of its members to furnishing a class of material for the study of therapeutics, which could not be otherwise supplied, which is prepared to do its share in the public teaching of homœopathy, and which constitutes a court of appeal and of reference to those of its members, who may find themselves placed in positions of difficulty in consequence of their practising homœopathy, or in one of doubt as to the correct course to be pursued in circumstances of professional misunderstanding.

The British Homœopathic Society is, and ought always to be regarded as, a centre around which all medical men, who value homœopathy and desire to see the knowledge of it spread far and wide throughout the profession, should rally, supporting it in carrying out the important ends we have described by their contributions and, as far as possible, by their personal service.

Seeing that this duty and these advantages are not so appreciated as they ought to be, Mr. Knox Shaw hopes to increase the inducements to join the Society, *first*, by affiliating local societies as branches, and, *secondly*, by supplying each member with a printed copy of the papers read, and the discussions that take place upon them, every quarter; together with a list of the members of the Society once a year.

With regard to the creation of branches, by affiliating the provincial societies with the central organisation, we heartily concur with him. That such branches should form a part of the Society was, as Mr. Shaw points out, originally provided for in the laws. Those relating to them were, however, too little adapted to local circumstances, and we believe that in consequence no branch was ever formed. The law under which a branch can now be created is infinitely better suited to the purpose than those which were designed for it at the original constitution of the Society, and at the same

time it completely fulfils the purposes held in view in the latter. The work done at the branch meetings would be part of the work of the Society, and the papers read at them, with the discussions which followed them, would constitute a portion of the transactions of the whole. The members of a branch would be entitled to all the rights and privileges of members of the central body, of which they would have to be members, and to which they would pay the annual subscription of one guinea. Our central Homœopathic Society would, in fact, become more really "British" than ever.

The idea of effecting a union of all practitioners of homœopathy in this way is a very pleasing one. Our only doubt of its practicability is in the case of those who are at present influenced by what Mr. Knox Shaw has referred to as the "sadly sordid motive." We do not, in fact, see in what way any one who, in Liverpool or Bristol, now refrains from joining the Society because he "cannot get anything out of it," will gain anything more by subscribing to two societies, one of which he is able to attend and the other circumstances prevent him from ever entering, than he does by contributing to the one in his immediate neighbourhood alone. Membership of the British Homœopathic Society does, as we have shown, enable a man to discharge a duty to homœopathy by contributing to provide means for its development and propagation, and to derive direct advantage in the way of moral support in professional difficulties. But the gentleman who regards his guinea as thrown away on the Society because he cannot attend its meetings is throwing it away just as much as ever when he is a member of the branch and of the central body into the bargain. So far, then, we fear that those who abstain from joining the central society because of the subscription, will now keep aloof from the branch also. We do not see what advantage, represented by money, a man will gain by belonging to a branch and also to the central society that he is not in possession of, when at one and the same time he is a member of an independent local association and of the British Homœopathic Society.

Doubtless Mr. Shaw anticipates that the sentiment of *prestige* will exercise its influence over the minds of provincial practitioners, and that in being locally connected

with the metropolitan body they will feel an increase of dignity. Possibly it may be so to some, though not to a very appreciable extent. But he clearly attaches far more importance to the gratuitous circulation of a copy of the transactions, quarterly, among the members of the Society and its branches, with an annual list of their names, than to anything else. Unfortunately, the history of the *Annals of the Society* does not give much hope of this gratuity being appreciated.

From 1861 to 1869 the papers read at the Society were first published in a separate form, and distributed among the members. This portion of the Society's work was contemplated by its founder, Dr. Quin, and mentioned by him in his first Annual Address to the Society (1846) as one of three means by which the members could best ensure "the promulgation and advancement of homœopathy," though it was not until 1859 that a committee set to work to consider the ways and means for carrying it out. In February, 1861, the first number of the *Annals and Transactions of the British Homœopathic Society and of the London Homœopathic Hospital* appeared. That there were objections to this step was apparent to many at the time. It was felt that, among so small a constituency as homœopathic practitioners formed, sufficient literary and financial support could not be secured to adequately sustain what was practically a third periodical devoted to the study of homœopathic therapeutics. The circulation of the *Annals*, it was clear to most men, would be but very limited, and this in itself, it was thought, would have a prejudicial effect on the Society by preventing that stimulus to the preparation of carefully studied papers, which would be felt if their authors were assured of a considerable number of critics and readers. Thus, "though the publication of the *Annals* was carried by a majority flushed with the triumph of the recent foundation and endowment of the hospital, and sanguine in their prospects of the rapid extension of the Society and homœopathy in general, yet there was a respectable minority who opposed it."

In 1869 this scheme broke down from there not being sufficient inducement for members to write papers to be read before the Society on account of the comparatively limited circulation of the *Annals*. Hence it was resolved

that the papers and discussions should first be published in *The British Journal of Homœopathy*, and afterwards be collected and distributed annually to the ordinary members of the Society.

This plan was pursued until the Annual Assembly, 1876, when, for reasons of which we possess no record, it was resolved to cease the publication of papers in the *British Journal of Homœopathy*, and to revert to that of independent publication. Dr. Dudgeon, in his address on the evening following that on which this resolution was arrived at, described it as one "whereby our authors will lose a considerable number of readers and admirers, but we shall still continue them [the papers and discussions] in the *Annals*, where, of course, they will only be seen by members of our Society. But in this we showed our wisdom; for we know how good the papers are, and having such good things we do right to keep them all to ourselves." We continued to keep all these "good things" for the exclusive delectation of our members until the Annual Assembly of 1885, when, by an arrangement with this *Review*, the papers and discussions appeared every month in our pages, where, by being at the same time uniformly accorded the first place in each number, the members of the Society had the advantage of a more frequent and prominent presentation of their work than they had hitherto enjoyed. The Society has, during the last seven years, had the advantage of a degree of publicity it had not known for at least ten years before. Those who have been at the trouble and labour of preparing essays have had the benefit of a more considerable number of readers at home, in India, in the Colonies, and in America, than they had had previously; while the money the Society has saved by adopting this plan must have materially assisted it in meeting the expenses contingent upon the more important work of bringing out the *Cyclopædia of Drug Pathogenesis*. What objections to this plan of publishing its proceedings the Society may have we do not know. So far as we can see, none cheaper or more advantageous to members of the Society could be adopted.

Now, however, the pendulum has swung back again, and, at the suggestion of Mr. Knox Shaw, in order to meet the supposed views of the non-member, of "sadly

sordid motives," and induce him to join and pay his guinea, the Society has once more resolved to publish its proceedings independently of any periodical, the members have again determined that "having such good papers, they do right in keeping them all to themselves," and so enable the man, who thinks that as he cannot attend the meetings he gets no return for his guinea, to feel that in receiving the *Transactions* he now not only gets something, but that this something is a something which no one outside of the Society is likely to see or hear of! Whether this plan will satisfy the cravings of the class of men it has been framed to propitiate, or whether it will fail to do so, remains to be seen. Previous efforts in a similar direction have not succeeded, and we are all aware that history is apt to repeat itself! But whether it succeed in this direction or not, it will certainly not find favour with those who, having devoted much time to the preparation of a paper, find their efforts rewarded by reading it to a dozen or twenty colleagues, and then having it decently interred in a volume, the pages of which, after a lapse of three months, will be seen by a hundred and twenty or thirty of their brother practitioners, and by them only.

A more important objection, so far as the work of developing and diffusing a knowledge of homœopathy is concerned, is the inroad this plan will necessarily make upon the funds of the Society. The *Index to the Cyclopædia of Drug Pathogenesis* is still to be produced and cannot fail to be otherwise than costly. A new edition of the *Pharmacopeia* will be needed after no long time, when money will again be required. A volume of therapeutic essays, issued under the *imprimatur* of the Society was one of the three means which the President, in 1846, proposed that the Society should adopt for promulgating and advancing homœopathy, and has by some been ever since looked forward to as a work that would give a powerful impetus to the spread of homœopathy, and, consequently, be well worthy of the financial support of our central medical society.

All work of this kind must now come to an end, in order that funds may be forthcoming to furnish the members with printed copies of the papers read in London and at the branches, if there ever are any. This is the more to be regretted, because it is quite unnecessary, unnecessary

even to capture the guineas of the sadly "sordid motive" gentleman. We doubt, however, very much, the reality of the "sordid motive" theory, and, as we have already said, believe that refusal to join the Society proceeds rather from want of knowledge of or indifference to the work it is engaged in, than from any other cause. If we are right, the publicity given to the Society papers in the pages of the *Review*—a privilege for which, be it remembered, the Society paid most inadequately—is a great advantage to it. That it is so, the present condition of the Society shows. Since 1885—since that is the papers first appeared in the *Review*—the number of members has increased in a much greater ratio than it had done for some years before. The regular monthly appearance of a record of the Society's work could not fail to attract attention, to remind those who had not joined it of its existence, to suggest their making enquiries regarding its objects, and, finally, to lead them to offer themselves for membership. Mr. Shaw is fully conscious of this. He says that the frequent appearance of the journal is a constant reminder of the existence and activity of the Society. For ten years before the Society had been scarcely heard of by outsiders; of late it has been constantly kept before the eyes of the profession, and it is only natural that such a largely increased and frequently applied publicity should result in that considerable addition to the list of members which has occurred.

Mr. Shaw was, he tells us, anxious to "take over the *Review*," and to make it the organ of the Society. In order to make it the organ of the Society there is no necessity for taking it over. All that is required for that purpose is to add to the present editors a representative of the Society to see that its interests were properly attended to, and to provide such material as the Council desired to publish. It was hardly to be expected that, after conducting the *Review* for many years at a loss, just at the time when it was beginning to recoup some of the money which had been expended upon it, it should be transferred either to an individual or a society without any consideration. In addition to this, in itself fatal, objection, it was felt that in being conducted by a society and in the interests of a society, the *Review* would lose much of that independence of criticism for

which it has always been distinguished. To wish to guard the interests of "the independent or non-society homœopaths" Mr. Knox Shaw looks upon as a "mistaken desire." He thinks that "if we are successful in our efforts," those who remain outside the Society will be a very small minority. There is much virtue in that "if"!

It has ever been the desire of the *Review* to endeavour to guard the interests of all who practise homœopathy, without reference to their connection with, or absence of connection with any society. We have no desire to see trades-union methods introduced into those employed for propagating homœopathy. We have no sympathy with that want of consideration for minorities which, like the value of "organisation," is probably one of the lessons that Mr. Shaw has, as he tells us, learned from "experience gained in the sphere of politics."

Homœopathy cannot afford, those who practise homœopathically cannot afford, to part with a perfectly independent journal. "The journal of a society can never take the place of an independent Review." This is as true now as it was in 1865, when the *British Journal of Homœopathy* protested against the injustice and inexpediency of the Society conducting a periodical like the *Annals*.

Hence we are glad that the transferring of the *Review* to the Society was too impossible to be contemplated.

The arrangement that followed the necessary abandonment of Mr. Shaw's original plan was one that could have been carried out perfectly well. The gentleman who keeps out of the Society because he thinks he cannot get anything for his guinea would have had a monthly record of the work of the Society, together with the other material that goes to make up our monthly budget. This plan Mr. Shaw calls "cumbrous," and describes it as one "likely soon to create difficulties." In what way it is exposed to being called "cumbrous" we really do not understand. What the possible difficulties are that are anticipated, and that "soon," we cannot see. "Any efforts it [the Society] made to develop its proceedings, which entailed a greater demand upon the space allotted to it, would naturally have to be checked by those who have the financial responsibility." This is all purely hypothetical. There is not the smallest probability of

the proceedings of the Society occupying more space on any occasion than could, by some temporary arrangement, be provided for in the *Review*. The proposal came to grief through the necessity of the Society providing a subsidy of £10. We wonder how much money that £10 note will cost the Society in the near future!

Mr. Shaw, animated most thoroughly and exclusively by zeal for the prosperity and development of the Society, says:—"It is clear to me that we shall never attain the legitimate height of our ambition unless we issue our transactions on our own responsibility." But the Society attained this "legitimate height of ambition" in 1860, and tumbled from it in 1869! Again in 1876 it scrambled up to the top of the same "legitimate height," and came down with a crash in 1885. Once more, in 1892, it has been pushed up to the apex of the same pinnacle, and the sooner it returns to the *terra firma* of an established periodical with an increasing circulation, the better will it be for the Society's finances, the better will it be for the popularity of the Society itself, and the greater will be the advantages the profession will derive from the work done by its members.

Another sentence in Mr. Shaw's paper on this matter requires a remark or two. He says:—"This proposal need not interfere at all with the *Review*, nor is such a fear expressed by the publishers of that valuable journal; there is ample room for both. This plan will be carrying out, too, the wish of many members for a more frequent publication of the transactions." To consider the last clause first. Mr. Shaw proposes that the revised *Annals* shall be circulated quarterly! In our *Review* the papers of the Society, with the discussions, have appeared monthly, and they would do so still. How can transactions, which are published quarterly, be said to appear more frequently than when they are given to the profession every month! Four times a year more frequent than twelve!

The proposal will not, we are told, "interfere with the *Review*." So far as the circulation of our journal is concerned, we do not anticipate that it will be at all diminished by the withdrawal from its pages of the Society papers, and by the Society keeping them for the nearly exclusive reading of their own members. No mere quarterly publication of the papers read at a

medical society and its branches could supply the place of a monthly journal containing matter so useful and interesting to medical men, and of so varied a character as that with which the pages of the *Review* are occupied. But it will seriously increase, or, had we not the fullest confidence in our contributors outside of the Society, and indeed among its members, it would seriously increase the work of the editors. Indeed, Mr. Shaw tacitly admits this, when he says:—"We are not so large a body of men that we can look for an unlimited amount of original work and literary material for many journals." For six-and-thirty years the editors of this *Review* have been engaged in keeping alive an interest in homœopathy, in striving to develop its resources, in resisting attacks made upon it and its practitioners, in recording meetings of its societies, giving reports of its hospitals and dispensaries, and the whole has been accomplished without any pecuniary advantage either to editors or contributors. All this work—and none but those who have been engaged in it can have any conception how laborious and anxious it has been at times—all this work is, we think, very ill-requited by the establishment of another journal designed to absorb one hundred and sixty pages of matter of the best class every year. Such a Society as the British Homœopathic, having for its objects, as the first of its original laws tells us, "the diffusion, advancement and extension of the principles and practice of homœopathy," ought, in our opinion, to have done all in its power to sustain a journal which for so many years has filled so important a position amongst the adherents of homœopathy in this country as our *Monthly Homœopathic Review* has done. If the members were unwilling to subsidise it to the extent of ten pounds they were certainly not justified in crippling its literary resources to the degree that they have now done. To do so is to place a serious tax upon the time and energies of the present editorial staff, which is not warranted either by the past management of the *Review*, or by the interests of the members of the Society individually or collectively.

One more attraction Mr. Knox Shaw presents towards drawing forth the hitherto withheld guinea! It is the annual publication as a supplement to the *Transactions* of "an accurately compiled list of the officers, fellows and members of the Society, with their addresses, quali-

fications and appointments." Such a supplement would, it is alleged, be "an accurate and official record of British Homœopaths." We doubt it, and a great deal more than doubt it. It would certainly be an accurate and official record of the members of the British Homœopathic Society, but not of "British Homœopaths." Mr. Shaw is deeply in earnest—and he is so in a most excellent cause; he has such a surprising faith in the magnetic influence of branches of the British Homœopathic Society, of an active, working Council of the parent body, and of the quarterly *Transactions*, that he ignores the many influences which direct the conduct of men, and with a degree of sanguineness that is really incomprehensible he believes that he will by such means as these draw into the Society some three hundred medical men now practising homœopathically in the United Kingdom, the majority of them openly, but a not insignificant minority of them doing so secretly! It would be crediting him with a large measure of success if he secured fifty new members by the carrying of his proposals. If such a list assumed the position of being one of all British Homœopaths, it would be simply misleading—even more so than the present *Directory*, to which he has such strong so-called "ethical" objections. What these may be we cannot say. This book has been forced upon us by the conduct of the members of the College of Physicians, the British Medical Association, and other ostracising bodies. We require to know who those are among the 20,000 medical men of this country who have the common sense and intelligence to practise homœopathically, and the courage to say that they do so. To a considerable extent the *Directory* tells us who they are. The list of members of the British Homœopathic Society would do so only to a very limited extent.

The proposal to render the Council an effective body, one really working to promote the increased efficiency of the Society, is in every way admirable, and one calculated, with the help of Mr. Shaw's energy, his fertility of resource, his power of organisation and suggestion, to be of real service in rendering the operations of the Society more useful and more fruitful than they have ever been. If the Council would regard it also as a part of their duty to furnish the Society with an annual report of its work and expenditure, and publish it, it

would be doing something that would be very useful to anyone who in the future may find himself called upon to suggest improvements on the methods, management and financial arrangements of the Society. Had Mr. Shaw had a series of such reports from the inauguration of the Society down to the present time to consult when preparing his recent paper, we feel sure that much of it would not have been written.

THE PERINÆUM IN ITS RELATION TO NORMAL LABOUR.*

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President of the American Obstetrical Society.

THE purpose for which the obstetrician exists is to furnish to the parturient woman, and to her child, the greatest opportunity for safety during the trying ordeal to which they are about to be exposed. Even if that highest ideal of normal labour, as one in which extraneous assistance is not required, be attained by reason of perfect development and perfect health on the part of the mother, the birth of the child is still an ordeal to both mother and babe, the full significance of which is not realised by either of the participants. It is much more so under the circumstances as they actually exist in every-day experience. The dangers here to both are multiform, and are rarely so completely overcome as to leave no trace of their effects, if careful note be made of these.

In every department of mechanics it is deemed necessary that the workman should thoroughly understand his trade; and the success of the work done, as an example of wise expenditure of force, is proportional to the thoroughness of the workman's preparation for the duties he has assumed. It is the same in obstetrics; the careless or incompetent workman will botch his job.

* Read by special invitation before the Homœopathic Medical Society of New Jersey, at the annual meeting, in Trenton, May 3rd, 1892; and at the annual meeting of the Connecticut Homœopathic Medical Society, in Hartford, May 17th, 1892; and at the annual meeting of the Homœopathic Medical Society of Michigan, in Detroit, May 18th, 1892; and in abstract, before the American Obstetrical Society, at the semi-annual meeting, in Philadelphia, April 20th, 1892.

Unfortunately, it is as easy to cover up poor work in obstetrics as it is in building a house. The man who buys a house only to find his chimneys smoke, the plumbing unsatisfactory, the roof leaky, may have his remedy in the law, but he is a wise man if he pockets present loss, and invests not in that costly method of adjusting his wrongs. But the man whose wife or child has suffered at the hands of a blundering accoucheur is even less able to exact a recompense, and indeed, is more likely to be oblivious to the wrong that has been done, the full force of which only develops as time goes on.

The perinæum is so important a structure in its relation to childbirth as to deserve the most careful study on the part of him who would essay to guide a case to successful completion. It is so evident that he ought to know its minute anatomy, and the evolutionary methods by which it has come to be what it is, and the physiology of its functional life, that it seems but the veriest truism to mention it. And yet how many of the fifty thousand men in these United States, who attend one million confinement cases annually, have any such knowledge or any comprehension of its necessity? It is not enough for him to know the names of the perineal muscles, or the sources of their blood-supply. So much is desirable, but he must go beyond this, and be able to project subjectively the modes of action by which they perform their work under the stress and strain of labour. Unless he can do this he is not master of the situation.

I do not intend in this place, and before so intelligent a body of physicians, to describe the anatomy of the perinæum, or to demonstrate the manner in which it fulfils its functions. I can readily believe that everyone within the sound of my voice understands these things quite as well as I do, for it is here in our State meetings that we find assembled the best of the profession. While I presume you have here, as we have in other States, a few wire-pullers, who come regularly to the meetings for the offices they can get, yet the bone and sinew of the association, here again as elsewhere, is doubtless made up of the progressive, conscientious, educated medical men of this commonwealth, who desire not so much to benefit themselves as to lift the standards of medical practice to a higher level, and are willing to sacrifice

present profit, and somewhat of ease and comfort, to come up to these meetings. If I speak then of self-evident things it is that we may bring our collective influence to bear on those other fellows—the thousands that are not here.

My theme then is the perinæum in its relation to the conduct of a normal case of labour. And I premise, as the basis of all the help the physician can give, an intimate knowledge of that structure which has been picturesquely called the floor of the pelvis. This knowledge is a prerequisite to midwifery practice; and this it is incumbent upon every one, who essays our art as a livelihood, to obtain in the dissecting room and the library, and not in the parturient chamber, and at the expense of the patient. I do not like to appear censorious, and it certainly does not become one so fallible as myself to sit in judgment on others; but I candidly believe, from a somewhat extended knowledge of the profession gained by six years of experience as a college professor, and five years as an editor, that there are not a thousand men in America who possess the knowledge here considered requisite to the obstetrician in the practical, usable, every-day-shape indicated. For it must be understood that I do not mean mere undigested anatomical knowledge, but that intimate understanding of the philosophy of the adaptation of means to end that enables the accoucheur to take advantage of every circumstance that arises, and that can be made to tell in his patient's favour.

Now, the thing which impresses itself very strongly on my mind is this, that the forces which have moulded the human body into what it is have produced the best results obtainable under the circumstances. By that I do not mean that the human body is perfect, for we know it is not. It has inherited from the forms out of which it has grown various imperfections which militate very decidedly against its complete adaptiveness to the work we require of it. Embryology is eloquent in furnishing evidence that the ancestors of the human race were aquatic in their habits, and that many structural peculiarities in man result from the transformation of an aquatic into a terrestrial animal. But these parts, which make for disease are, in the main, vestigial ones, like the pineal eye, or that section of the intestine which

has been turned into a central support of the spinal cord. The parts which have been adapted to use answer perfectly to the use to which they have been adapted. If they had been specially created by Divine fiat they could not more completely serve our purpose. The human hand, as is convincingly shown in the embryo, is but a developed fin, which through countless ages of evolutionary adaptation has grown at last to be the ready agent of our thought. The delicacy of the human hand compared with the clumsiness of the horse's hoof lucidly illustrates how the forces of nature adapt a part to the office it is called upon to fill, for from the same root both these grew.

The human perinæum has in like manner been adapted to its office. It, for unnumbered thousands of years, has been doing certain kinds of work, and it has learned how to do that work. It is by no means a fanciful idea that there resides in each part of the body a certain individual intelligence. The intelligence of those little beings, mis-called cells, which make up the different parts of the body, as, for instance, the perinæum, may not, and indeed is not, equal to the sum of intelligence which would have been possessed by them if they had retained their individualism, and continued as amœba-like creatures. In becoming organised into a community they lose their freedom and their power of individual expression. But slaves think, even when chained together and worked like some huge machine. And so, though merged into tissue, these little creatures remain living beings, with an appreciable psychical life, with capacity for modification as a community according to the demands made upon them, and so adapting themselves to the exigencies of the case. The philosophy of the physiological action and power of adaption of the perinæum will be readily understood if this idea be kept clearly in view.

It was, then, after this evolutionary manner that woman has come to have a perinæum which is capable of doing a certain amount of work without injury to itself; and it was not until a class of men arose, who call themselves gynæcologists, that it was even suspected by women themselves what an unstable and irrational thing a perinæum is. Our grandmothers had children by the dozen, and knew not the advantages of perinæorr-

haphy under antiseptic procedure. Any woman now living is the descendant of a long ancestry of women, all of whom have been mothers. Her organs of generation have been adapted, by long process of generation, to the purpose of generation; and there is no more occasion for their being injured in the performance of their natural duties, than there is for the male organs of generation to be injured in the performance of their natural duties. The law of the survival of the fittest is not a law of the whole organism only, but of its various organs also. The extinct animal forms, such as the mammoth, or the hipparion, suffered and died out because their organs could not adapt themselves to changing environment. In the broadest sense those women become mothers who are most fitted to become such. And any variation in a type of woman which prevented them from assuming the ordeal of motherhood without detriment would cause that type, or racial variety, to disappear under the well-known law of aggregation of the effect of a deteriorating tendency. If there were inherent tendencies in women to have perinæi which could not perform their duties, either those tendencies would gradually be eliminated, and a more useful form of perinæum come into existence, or women would become more and more liable to imperfect perinæi, and would consequently cease to exist. For race perpetuation depends upon the perfection of the sexual organs; a type of animal whose sexual organs gradually become incapable of doing their work will die out. Man may become, as time goes on, a bald-headed and toothless race, because hair and teeth, though ornamental and useful, are not essential parts of his organism, but deterioration in the sexual function implies rapid disappearance from off the face of the earth. We realise, however, that man is not disappearing, but is increasing in numbers, and this in spite of many sexual sins which tend to prevent conception and to cause the destruction of the unborn. It is, then, evident that the perinæum is on the whole doing its duty, and it only remains for us to do our duty by it.

My contention is this: laceration of the perinæum should be of very rare occurrence. It is a contradiction of all we know in regard to the processes of nature to claim that she cannot make a perinæum that is able to

stand the stress and strain which any natural use can put upon it. Labour being a physiological process, and a basic element in the problem of the continued existence of the species, it would be folly to assert that the necessary organs were not developed in a way to secure their possessing the physiological functions for which they were created. I do not doubt perinæi rupture; but I do doubt the frequent necessity thereof. That there are men who claim, and are known to claim falsely, to have enjoyed a large obstetrical practice for years without ever having a perinæum lacerate, does not militate against the fact that perinæi ought not to lacerate. I am speaking not of results that are, but of what ought to be. And to assert, as one writer has recently done, that "the obstetrician who knows how to diagnose laceration of all degrees, and repairs, or causes them to be repaired, is not remiss in his duty," is to set up a very low standard, and in my opinion a discreditable one.

I plant my argument firmly on the basis of evolutionary necessity. It is evident that parts which have had constant necessity to adapt themselves to use through thousands of years have not been made through that use on so insecure a plan as to break down in a large proportion of cases. If rupture occurs it is the result of mismanagement somehow. The accoucheur may not be to blame, but someone is; perhaps the woman herself. The medical man who has had the supervision of a case for months before the confinement, and the profession should make their moral influence felt in the community to the extent that it shall become a matter of course that cases are thus supervised, and then has a laceration of the perinæum, when neither mother nor babe is markedly deformed or disproportioned, must have a tough conscience unless he feels that he deserves censure. The easy-going optimism which permits laceration, because it is such "good form" to be able to do a perineorrhaphy neatly, and neatness means frequent opportunity for experience, is, to speak moderately, misplaced. The recent graduate rather prides himself on the number of his "interesting" cases. He has sat on the benches and seen the professors of obstetrics, and gynæcology, and surgery operate with *éclat* on the cadaver and the living subject until

"complications" have no terrors for him. I had occasion, in my editorial capacity, to interview a young practitioner recently, who had reported a case of vaginal thrombus occurring during labour. The management of the case was, from a surgical point of view, unexceptionable. But the man who does midwifery practice should be an obstetrician. The more he is an obstetrician, and the less he is a surgeon, the better for his patient. In this case, the paper which had been read struck me as such an apt illustration of "how not to do it," that I desired to publish it, believing that it would carry its own proper lesson to the readers of the *Journal of Obstetrics*. But my young man hesitated. He was not sure he wanted to print the report of only one case, but would prefer to wait until he had had some others! It is ordinary human experience for a person to find that for which he is looking. The man who is expecting to find thrombi in the vaginæ of the parturient, will have use, alas, for his bistoury.

It would be a sign of healthy growth in scientific midwifery if our young men were taught by the professors of obstetrics in our colleges that they ought to be ashamed of themselves if any of these so-called "accidents" are many times repeated in their practice. It is well for the young man to be taught how to stitch up a laceration, but it is better for him to learn how to prevent one. A young man of some thirty-one summers, who graduated a few days ago from the New York Homœopathic Medical College, said to me about six weeks before his graduation, that he had had one case of labour to attend. In that case the perinæum had been completely torn through, but said he, "I learned more from that case than I would if everything had gone right, for I saw how the professor stitched it up." Not so, young man; you failed to learn how to prevent such accidents; and that is a far higher kind of knowledge than the ability to deftly use a needle on quivering and bleeding flesh.

It has come to this, that our young men go out into practice with the idea that laceration of the perinæum is a very common thing; that it is naturally to be expected in one out of every three cases; and if it occurs oftener than that, well, it does not much matter, for perinæorrhaphy will set it all right, and a fellow

must have cases in order to get experience. Indeed, even the laity have heard so much about lacerations that women are beginning to feel that they are somehow defrauded of their inalienable rights if the doctor does not put in a stitch or two. I had this illustrated to me this very day. About three weeks ago I confined a primipara, whom I had under preparatory treatment for four months. The foetal position O. D. P. The first stage lasted five hours; the second, two hours; the third, ten minutes. By manipulation through the anus, and slowly shelling the head out between the pains, I got that baby delivered without even a nick of the fourchette. The case was in an apartment house, where five other children (none of them my cases) had been born within a few months. When the time came for visitors the new-made mothers came, one by one, to call on the newest one. Each had the question to ask, "How many stitches did the doctor put in?" "None! why my doctor put in" three, or five, or eight, as the case might be. Each of the five had been lacerated, under the wise care of five individual doctors, and each of the five had been stitched up. Now do not misunderstand me as deprecating the "stitch or two." I always put them in myself, if there is a tear extending further than the fourchette. And I might just as well say right here that I aim to practice what I preach, but that my practice sometimes falls below the ideal.

There has been a great change in the attitude of the profession in regard to laceration of the perinæum within the past twenty-five years. I attended the lectures at the New York Homœopathic Medical College in the winter of 1869-70, and I well remember the sentiment then expressed towards men who permitted that accident to occur with much frequency. It is possible that there was at that time a lack of frankness in reporting cases. That laceration occurred much oftener than the reports would seem to indicate. It is, also, doubtless true that there was a certain carelessness in making post-parturient examinations to determine the actual condition of the uterus and the perinæum at the end of the lying-in. It was taken for granted that if the woman complained of no feeling of soreness, if the lochia ceased at the usual time, and convalescence seemed fairly established, that everything was right,

and the woman was allowed to go on her way rejoicing, or otherwise. I am not attempting to disguise the fact that the gynæcologist has been a thorn in the side of the obstetrician, and has made us more watchful of our cases, and of our reputation. The obstetrician, who, a year or two after delivering a woman of her first-born, is brought face to face, in the office of his brother gynæcologist, with a wrinkled perinæum which he has left to heal of its own sweet will, and whose own sweet will it has been to heal in a puckered and disreputable manner, is not likely to forget the sensations of that "*mauvais quart d'heure*." Trusting to time as a remedy is a poor resource when a lacerated perinæum is in evidence. This moral suasion, this fear of exposing ourselves to ridicule, which the gynæcologist has held over us, has awakened in us a healthy desire to do better work. But the gynæcologist has now advanced a new idea. It is claimed that the obstetrician is incapable of properly repairing the perinæum which has ruptured before his eyes. That the wisest thing for him to do is to nurse the case along for two or three months, and then to turn it over to the gynæcologist.

The purpose of this thesis is not criticism, but suggestion; and although I am compelled to denounce what seems to me erroneous tendencies in modern midwifery in regard to the management of the perinæum during and subsequent to labour, I am yet not content to stop here, but would demonstrate what I conceive to be a more reasonable and satisfactory method of procedure. I have elsewhere claimed,* and cannot too persistently repeat, that the doctor who omits to carefully watch his patient during the whole course of pregnancy is recreant to his calling. To be sure, the profession has been so negligent of their opportunity that women do not realise how much can be done for them by medicine in preparation for parturition. While it is possible that not much could be accomplished to strengthen or render elastic the tissues of the pelvic floor by ante-parturient medication, yet it is no fanciful supposition that the causes which operate to impair the functional vitality of the

* *Commonplace Midwifery*, page 15. *On the Relation of Therapeutics to Midwifery*, page 10. *The First Hours of Life*, page 23.

pelvic viscera are not without effect on the pelvic floor. We know so little about the ultimate operations by which tissues are built up, that we ought not to attempt to draw hard and fast lines as to what may or may not be done. If we carefully study the import of all the objective, and still more carefully all the subjective symptoms which arise during pregnancy, and apply the simillimum, we will greatly reduce the chances of disaster during parturition. The real reason of lacerations, and other "accidents," is that the woman is not prepared for the ordeal as she ought to be. There are comparatively few doctors who consider this a matter of much importance. They may have a vague idea that perhaps something might be done to help matters along, and give in a routine way *pulsatilla* or *cimicifuga* as a preparation for parturition. But this is not at all what I mean. *Pulsatilla* or *cimicifuga* are not indicated in all cases, or even in a majority of them. The pregnant condition is a physiological one, and if the woman was perfectly healthy no medication would be needed. But where is the perfectly healthy human being?

Fortunately during pregnancy women are very susceptible to the action of remedies; and conditions which make for disease also show themselves now, in evanescent and subtle ways, as if to invite attention and rectification. There is no time in the life of woman when the family doctor can do so much for her, to undo the mischief of inheritance, and to make her the fit mother of a sturdy race. It is rarely that the family physician lives up to his opportunity. He cannot if he assumes too extended a practice; the best work is not consistent with money-getting; and the man who aims to make all the money he can will not find time for thankless work such as is here indicated. Besides this, he must have what is really a rare combination of knowledge, the broadest understanding of general pathology, and an equally comprehensive knowledge of the *Materia Medica*, and deftness in fitting the remedy to the case. Not that he is to apply his remedies along pathological lines; he will not do much for his patient if he attempts that. But unless he has an intelligent and comprehensive knowledge of general pathology he will not appreciate the meaning of evanescent symptoms. When he knows what he has to treat then he should

treat it homœopathically; and the *Organon* is his sufficient guide.

Having then brought his patient to bed in the best possible condition, his work is more than well begun, it is already half done. His dependence may now be, as mine is, on lard. Lard is the friend of the perinæum, and the more unnatural the condition of the perinæum the more it will do for it. I learned what lard would do for a heated and irritated tissue many years ago, in using it as a local application in erysipelas, where it not only allays local irritation, but calms nervous erythism, and reduces the systemic temperature. Finding its action so genial in a cutaneous disorder, I tried it in dry and heated vaginae, and found that here, too, it not only acted locally as a lubricant, but that the tissues sucked it up greedily, and seemed to incorporate it, giving to them an elasticity which nothing else does. No other form of grease—vaseline, lanolin, etc.—can replace lard. Its power of penetrating tissue, especially morbidly irritated tissue, is really wonderful. It also has here, as in erysipelas, the power of calming the nerves and preventing that rise of temperature which comes from worry and excitement. The woman will say, "Oh, how nice that feels," and her face loses that expression of extreme distress, and she bears her pains better. I never, however, use the ordinary lard of commerce, as it is not prepared with sufficient cleanliness; but have four or five pounds of leaf tried out, and kept on hand for the occasion. Used in the form of little nuggets, from the size of an almond to a pullet's egg, introduced high into the vagina, and slowly and gently, but persistently rubbed into the tissues it will break down the rigidity of the most obstinate perinæum, and prevent rupture. This furnishes a sufficient occupation for the doctor during the first stage of labour. The doctor who sits out in the dining-room smoking and telling funny stories to *paterfamilias*, or regaling himself with beef and ale, will probably have a lacerated perinæum to repair; but he who takes care of the perinæum in advance will have little use for the needle afterwards. It is commonly supposed that the doctor's presence is not needed during the first stage of labour, but he can make himself as useful then as he knows how to be. His presence in the sick-room will be an annoyance or a pleasure to the

patient in just proportion to his adaptability to midwifery work. And during the first stage is the time to rectify malpositions, and to prevent the occurrence of many minor difficulties that are apt to arise in unwatched cases.

It is the doctor's duty to support his wife, but not the perinæum; it is able to support itself; that is what it was made for, and give it a fair chance and it will do it. And a fair chance consists in properly preparing the woman for childbed, and so controlling the downward thrust of the foetal head that no undue strain is put upon the perinæum; but it will stand without rupture a surprising amount of distension if rendered elastic by inunctions of lard, as already described. To be of real service at this critical moment the obstetrician must have such complete knowledge of the whole mechanism of labour as to do the right thing promptly and automatically. The experienced man knows that the inspiration is born of the emergency. Every case is a law unto itself. The man who works along predetermined lines, and manages his cases after certain set rules, will never achieve the best results. There is no department of medical practice where plain common sense is more helpful than in midwifery.

This address, already too far extended, necessarily leaves many points in this discussion untouched. The relation of the forceps to the perinæum and the selection of the proper forceps, might well claim attention; these are important topics. The various conditions of the perinæum, an undue muscular development, making it firm and unyielding, or the antithesis of this, a pelvic floor so soft and yielding as to allow the too rapid passage of the head; and, again, varicoses, excess of adipose tissue, and other local pathological conditions; the relation of abortion, or attempts at it, to subsequent laceration would deserve attention if there were time to consider these, but I have already trespassed too much on your good nature.

Just one word in conclusion. Let us strive to develop obstetrics into what it deserves to be, a noble and ennobling art. The supreme test of the real civilization of a people is the care which it gives to its child-bearing women. It is to the credit of these United States that

nowhere in the world does the gravid woman receive such chivalric courtesy as here. It is here, therefore, that we may expect to find the highest ideals of the obstetric art, and its best practice exemplified. Let us honour the memory of our mothers, and demonstrate our loyalty to womanhood, by exerting our best endeavours to make American midwifery the beacon of the world.

A CASE IN ANÆSTHETICS: WITH REMARKS.

By J. ROBERSON DAY, M.D. Lond.

Assistant Physician and Anæsthetist to the London Homœopathic Hospital.

A SHORT time ago there occurred in my practice what might easily have been a very disastrous case, and as the circumstances attending it exemplify several points in anæsthetics I venture to record it in some detail.

Miss C. J., aged 49, was operated on for hæmorrhoids on June 24th, at 4.30 p.m. She had fairly good health, but was always troubled with a free secretion of saliva, and would be classed under the "mucous variety," who take ether badly.

The operation was performed on the bed by Mr. Knox Shaw, Dr. Frank Nankivell, whose patient she was, assisting.

I ascertained the heart to be healthy and proceeded to give "gas" and then followed with ether. This, however, produced an abundant flow of saliva and cough, but was persevered with and the patient was placed in the lithotomy position.

The cough and mucous secretion still continuing, the anæsthetic mixture A.C.E. was substituted for the ether, but very soon respirations became more and more shallow, till ultimately they ceased. The legs were immediately let down and artificial respiration resorted to (according to Silvester's method), while Mr. Shaw promptly drew forwards the tongue with forceps. After about six or eight steady respiratory movements, natural respiration was resumed, and a hypodermic injection of ether was then given.

The operation was now completed without any further difficulties, and the patient ultimately made an uninterrupted good recovery.

The cause of this trouble was no doubt due primarily to the fact that the mucous membrane in this patient was exceedingly irritable and prone to secrete; had this fact been known beforehand a preliminary hypodermic of morphia and atropine would have been used to check it.

Then there is no doubt the position in which the operation was done was not the best possible for easy respiration; the lithotomy position is at all times trying, since it alters the conditions of the circulation; the lower limbs being elevated, greater work is thrown on the heart, the thoracic and abdominal viscera being gorged with a great part of the blood which flows to the legs; also the strap of the crutch, which is passed round the neck, to some extent interferes with the movements of elevation of the upper ribs. In addition to this, the patient was on a soft bed, which still further favoured the curving of the back, and approximated the nose and knees.

In many cases the bed does very well for minor operations, but, whenever one has to choose, an operating table in a good light is much to be preferred, as it is much easier to attend to the patient, and the patient does not tend to sink down in the bed and continually alter his position.

A patient during anæsthesia always requires the sole and undivided attention of the anæsthetist, and in this case but for the prompt measures that were adopted the issue would have been fatal.

It is never possible to foresee a patient's idiosyncrasy, and from every case we learn something, and as long as this is so anæsthesia will always be attended with grave responsibility and anxiety.

Netherhall Gardens, Hampstead.

POISONING BY CICUTA VIROSA.

By T. G. STONHAM, M.D.

On the 24th June of this year I was called to see a little girl, aged eight, who was said to have fallen down in a fit in the village street at Wroxall, I.W. In a few minutes I was there, and found the child on the ground, vomiting and crying out as if in terror. She was quite unconscious of her surroundings. After she had been

carried into her parents' house near by, a more leisurely examination showed that there was a good deal of tonic spasm, especially of the extensors of the limbs and of the muscles of the back and neck; the abductors of the thighs were also spasmodically affected; the tonicity was nearly continuous but greater at times, there was never complete relaxation of all the muscles, but at times of most of them. The pupils were somewhat dilated, the face very pale, almost livid; the surface of the body cold; the pulse scarcely perceptible at the wrist; breathing quiet and rather shallow. There was vomiting of glairy mucus with some pieces of white substance of acrid odour.

It was ascertained that, with some other children, the patient had pulled up by the roots some umbelliferous flowers growing in a wet spot by the side of a lane, and that she had scraped and eaten three of the tuberous roots. One of the plants brought to me next day showed that it had been a case of poisoning by the water-hemlock, or *cicuta virosa*. The teeth were tightly clenched, and it was with much difficulty that she could be got to swallow a teaspoonful or two of mustard and water. The stomach-pump was sent for. In the meantime the patient was seized with a well-marked epileptic convulsion. It commenced with extreme dilatation of the pupils, then the lips began to twitch on the right side, and the eyes to be directed to that side; immediately all the muscles on that side of the face were twitching violently, the head was twisted to that side by the muscles of the neck, and the right hand and arm were clonically convulsed, the convulsion soon involving the left extremities as well. Soon the convulsive movements left the right side of the face and passed over to the left side, and then when the whole left side of the body had been as much implicated as the right, and the patient had become extremely cyanosed, a long sighing respiration ended the attack. As many as twelve of these attacks, each lasting about three minutes, occurred within the next hour and a half. Between the attacks there was a good deal of opisthotonos and tendency for the arms to be drawn behind the back. Immediately after the attack there was relaxation of almost all muscles except those of the jaw, which were kept firmly contracted. The tongue was bitten during the convulsions, but there was no passage of urine or fæces. In all the attacks the convulsive movements

passed completely from one side of the body to the other before the attack culminated; they did not always commence on the same side. On the arrival of the stomach pump, the stomach was completely washed out and a quantity of pieces of root came away; one more fit only occurred after this, and patient then lay in an unconscious condition for two or three hours, but breathing quietly and evidently recovering. She was unconscious from the time at which she fell down in the road, nine o'clock in the evening, till two next morning. There were no after symptoms of any importance, and recovery was rapid and complete.

Ventnor, I.W.

REVIEWS.

Homœopathic Bibliography of the United States, from the year 1825 to the year 1891 inclusive. In two parts. Carefully compiled and arranged by THOMAS LINDSLEY BRADFORD, M.D. Philadelphia: Boericke and Tafel. 1892.

THE extent and amount of homœopathic literature which has accumulated during three-quarters of a century is well known to be very considerable. There are, however, probably very few, even of those well-informed on the subject, who would be prepared to see 850 pages of a large octavo volume occupied in giving the titles of those books, &c., which have been published in the United States during that period. We confess our own surprise.

This work is divided into two parts. The first contains a list of books, magazines, directories, publishers, libraries, and of previous bibliographies relating to homœopathy. The second part gives the names of past or existent homœopathic institutions of all kinds.

The bibliographic section forms an interesting history of the progress of homœopathy in America and of some of the leading authors. Explanatory or historical notes are added to the titles in some cases.

For literary purposes the addition of a subject index might with advantage be made in future editions.

Many American editions of English works find a place in the pages of this record, otherwise, of course, the work of Englishmen is not chronicled. Dr. Bradford has shown great perseverance in bringing to completion this monument of the early struggles and ultimate triumph of homœopathy in America.

PERISCOPE.

Dr. Shelton relates three cases in which great pain and sensitiveness of the back were prominent symptoms, and which were cured by *tellurium* 6. The first case was that of a widow lady, aged 50, who complained of pain and soreness over the upper dorsal vertebræ, and extending down the left side and arm. She shrank from even the slightest touch, and the sensitiveness was so acute that when touched the pain extended into the occiput and all over the upper part of the back. In twelve days after taking *tellurium* 6 she was much better, but there was some remaining sensitiveness over the left scapula which was constant, going through to the left shoulder. In another week she was quite well.

The second case was that of a maiden lady, aged 45, who had a severe blow on the sacrum from a fall. She was in bed for some weeks for symptoms of concussion, with one point of great soreness just above the point in the sacrum where the blow was received. The other symptoms passed off, but this sore point persisted, and the back became very sensitive, especially at its upper third. *Tellurium* 6 was given, and all soreness and sensitiveness rapidly disappeared.

The third case was that of a young lady aged 29, who 10 years previously had suffered from a severe attack of spinal meningitis. She consulted Dr. Shelton for a burning pressing pain in the base of the brain. This grew worse, and gradually ptosis came on, and then right hemiplegia followed by left, till she became quite helpless, and lay for months in bed bolstered up by pillows. During some of the time the head was drawn backwards, and there was a feeling as if she were being drawn into a reclining position, which aggravated her sufferings. The hyperæsthesia of the spinal column and the entire surface of the back became exceedingly distressing. She could not bear the slightest touch, which was felt not only at the point of contact but also in her head and in remote parts of the body. Acting on this symptom *tellurium* 6 was given. She slowly and steadily improved, the sensitiveness gradually disappeared, and one by one all the symptoms passed away.—*Homœopathic Recorder*, May, 1892.

HICCUGH AND PLEURODYNIA.—Dr. E. Lippincott, writing of *ranunculus bulbosus*, says:—"This is a medicine that would not have been thought of by me in hiccough save for a coincidence. Mrs. L. has been subject to occasional attacks of hiccough, and more rarely of pleurodynia. The pleurodynia is always traceable to a cold, change of clothing, exposure, etc." The hiccoughs he describes as follows: "Every hic-

cough is a separate and distinct one, that comes occasionally or semi-occasionally, and can be heard all over the house. I was called upon to prescribe for her pleurodynia, and found a verification of 'troubles never come singly,' in that she also had the anomalous combination of severe spasmodic hiccough and an intensely painful pleurodynia. The pleurodynia affected upper left chest above cardiac region in a small spot with much soreness across chest, especially left side. The pain was severe, growing worse from 2 p.m., and especially severe from 5 to 10 p.m. There was dyspnoea, soreness of the chest to touch, and when breathing with occasional sharp pains. Could not raise left arm or use it to lift anything heavy without great pain. The pain was so severe that she ate but little supper because, as she expressed it, the pain was so severe that it took away her appetite. She could not take a long breath. Constant dull, aching pain, with soreness and pain at every breath; occasional spasmodic, short cough, intensifying the suffering so that she became alarmed about her condition and feared that her lungs were involved. Aching soreness and lameness in the back between the shoulders, swelling of the limbs with severe aching, the aching and swelling increasing toward night. There was no swelling of limbs in the morning, but by night the swelling was distinctly noticeable, putting on pressure with a sensation as though the skin would burst. There was much stiffness and aching in the limbs, growing worse as the day advanced, could not lie long on either side and was compelled to sleep on back. Could not rise up in bed without turning on side very slowly and with a careful effort. The pleurodynia was of two months duration, daily growing worse. The pain so severe at night that she was restless, had trouble to get asleep and was wakeful, the slightest motion caused pain and awakened her. The hiccough was growing more severe, she had had them several hours, and at each hiccough placed her hand on chest to relieve the distress caused by them.

"*Ranunculus bulbosus* 1x dil. in water, a teaspoonful every 15 minutes for an hour and then every half-hour until better, was prescribed, with the result that she only hiccoughed three times. The pleurodynia was much relieved that night and no vestige of it remained in three days. The aching and swelling in limbs grew less each day and in a week was entirely relieved."

Another case is related, that of a young man. "There was severe stitching pain half inch below and to the left of the left nipple; the pain was sharp and cutting with a sensation as if something was dislocated, extending in a straight line to clavicle, but worse in the cardiac region, and causing

him to flinch at times, especially when eating and talking. He walked bent. The slightest motion when sitting or lying caused pain. He suppressed any effort or inclination to cough or sneeze, as much as possible. *Ranunculus bulbosus* 1x dil. in water, every 15 minutes for an hour, then every half hour until better. The patient was able to go to business next morning."—*Med. Argus*, July, 1892.

SOME PECULIAR SYMPTOMS.—Dr. Brant (*Eureka*, Utah) writes advising *rhys radicans*, in place of *rhys tox.* for certain deep-seated pain (as if "in the bone.") He gives the following cases:—

"Case.—Mr. A., aged 38, light complexion, a blacksmith and farmer, working at his trade in winters and farming summers, had been laid up several years, not able to do his work, pain in the small of the back, deeply seated. I made a thorough examination of urinary secretion but found all normal. There was relief from motion and some very prominent symptoms of *rhys* were present, so I gave *rhys tox.*, never having used *rhys rad.* No relief following, I again took the case, and, being more positive that *rhys* was the proper remedy, obtained *rhys rad.*, a few doses of which gave prompt and permanent relief." He adds: "I have repeatedly used *rhys rad.* when the above symptom was present and I have yet to note the first failure, always remembering that it is necessary to obtain more than one symptom as a basis for its selection.

"Under *lachesis* we find the symptom, 'worse after sleep,' a peculiar one and one which, when persistent or prominent, is relieved by one dose. "Case.—Willie C., aged 8, was taken with prominent symptoms of pneumonia. I called and gave *verat. vir.* and *bryonia* in alternation; he reported better and was up the next day. Was called three days after and found him restless, pains shifting from place to place, and confined to his left side; gave *puls.*, as indicated by pains. Relief followed, yet I was recalled as before and found him worse, yet no symptoms could be obtained. Seating myself beside the bed I found that just as he would drop asleep the pain would wake him. Having become assured of this symptom, I gave a powder of *lachesis*, 30x, dry, and inside of 30 minutes he was bathed in a profuse perspiration and sleeping soundly. The sleep lasted all night and he was well the next morning. There is another symptom of value, but you will not get it unless you are observing, that is the inclination to loosen the collar. If you ask for it, you will not find it, but watching, it can be noted.

"*Lithium carb.*—I once had a case with the following symptoms, and only this one, as the lady was enjoying good health with this exception: 'On inspiring the air feels cold

down into the lungs.' I recollected having noticed that symptom so I went to work to find it. I spent several hours and found it under *lithium carb.* One dose of the 80x relieved her entirely.

"Under *silicea*, the peculiar and very persistent symptom of nausea during coition or during a local examination, was not only satisfactorily but permanently removed by the 80x trituration. At the same time the administration of *silicea* in this case was almost entirely effectual in curing a severe attack of piles.

"In another case this symptom led to a cure of an attack of nervous prostration."—*Ibid.*

NOTABILIA.

ANNUAL HOMŒOPATHIC CONGRESS.

THE Annual Congress of Homœopathic practitioners will be held this year in Southport, at the Queen's Hotel, on Thursday, September 22nd, at 10 o'clock punctually.

The business of the Congress will be opened by an address from the President, Dr. RAMSBOTHAM, of Leeds.

Any strangers, ladies and gentlemen, who may desire to hear the President's address, will be welcome.

After this a short interval will allow the Hon. Treasurer to receive subscriptions.

A paper will then be read by Dr. JOHN W. HAYWARD, of Liverpool, entitled "*The Homœopathic Physician and Books of Reference.*" Discussion is invited on this and the other papers.

The Congress will adjourn at 1 o'clock for luncheon.

At 2 o'clock the Congress will re-assemble, and receive the report of the Hahnemann Publishing Society, proceed to select the place of meeting for the next year, elect officers, and transact any other business which may be necessary.

A paper will then be read by Dr. BURFORD, of London, on "*Fifteen Successful Cases of Abdominal Section in the Current Year (January to July) with Especial Reference to the Therapeutics of Preparation and of Convalescence.*" The paper will be well illustrated by diagrams and temperature charts; and a series of lantern demonstrations will be conducted by Dr. J. ROBERSON DAY, of London, on the more interesting cases.

In order to give the members time to see places of interest in Southport, only one other very short paper will be read; by Dr. J. ROBERSON DAY, of London, on "*Anæsthetics as Administered at the London Homœopathic Hospital.*"

The members and their friends, ladies as well as gentlemen, will dine together at the Queen's Hotel, at 7 p.m.

A synopsis of the three papers is subjoined, in accordance with a rule of Congress.

The Vice-President is Dr. BLUMBERG, and the Hon. Local Secretary is Dr. STOPFORD, of Southport.

A meeting of the Hahnemann Publishing Society will be held at the Hotel, at 9 a.m., on the 22nd September.

The subscription to the Congress is 10s., which includes the dinner ticket. The dinner ticket alone, for guests, will be 7s.

Bedrooms will be secured at the hotels by Dr. STOPFORD (the Local Secretary), 75, Hoghton Street, Southport, for any members who may desire it, if they will communicate with him.

Synopsis of Papers.

Dr. HAYWARD'S Paper.

I.—The Book of ultimate reference is the *Materia Medica*.

- (1) Forms or Presentations of the *Materia Medica*:—Hahnemann's own Works; Hempel's Translations; T. F. Allen's *Encyclopædia of Pure Materia Medica*; T. F. Allen's *Handbook*; *Cyclopædia of Drug Pathogenesis*; *Materia Medica—Physiological and Applied*.
- (2) Expositions or Aids:—Hughes' *Pharmacodynamics*; Hempel's *Lectures*; Dunham's *Lectures*; Farrington's *Lectures*; Teste's, Hering's *Condensed and characteristics*; Burt's, Lippe's, Hales, Cowperthwaites, T. F. Allen's *Materia Medica Primer*.

II.—Indices or Repertories:—Jahr's, Boenninghausen's, Allen's *Symptom Register*, The British, Berridge's, Gentry's, Cigliano's, Winterburn's, Worcester's, Ruddock's, Bryant's, Hart's and Neidhard's, Lees, Simmons', Eggert's, and other topical repertories.

III.—Therapeutic Guides:—Bæhr's *Science of Therapeutics*; Rückert's *Guide to Practice*; Hughes' *Manual of Therapeutics*; Marcy and Hunt's *Theory and Practice*; Arndt's *System of Medicine*; Lilienthal's *Therapeutics*; British *Manual of Therapeutics*; Jahr's *Forty Years' Practice*; Hempel's *Manual*; Johnson's *Key*; Rane's *Record*; and the various *Treatises on Special Diseases*.

Dr. BURFORD's Paper.

- Case 1.—(Dr. Dyce Brown.)—Ovarian Fibroma : Operation : Recovery.
- Case 2.—(Dr. F. Neild.)—Strangulated Ovarian Cyst : Operation : Recovery.
- Case 3.—(Dr. E. A. Neatby.)—Strangulated Ovarian Cyst : Operation : Recovery.
- Case 4.—(Dr. Goldsbrough.)—Ovarian Sarcoma : Operation : Recovery, with recurrence later.
- Case 5.—(Dr. Washington Epps.)—Ovarian Cyst : Operation : Recovery.
- Case 6.—(Dr. E. A. Cook.)—Tubercular Peritonitis : Operation : Recovery and great relief.
- Case 7.—(Dr. Galley Blackley.)—Cystic Disease of Ovaries : Operation : Recovery.
- Case 8.—(Dr. Edgar Hall.)—Large Uterine Fibroid : Hysterectomy : Recovery.
- Case 9.—(Dr. E. A. Neatby.)—Intestinal Tumour : Exploratory Section : Recovery and Cure.
- Case 10.—(Dr. Burford.)—Cystic Disease of Appendages, with Procidentia Uteri : Exploratory Section : Recovery.
- Case 11.—(Dr. Burford.)—Mammoth Ovarian Tumour : Ovariectomy and Hysterectomy : Recovery.
- Case 12.—(Dr. F. Shaw.)—Uterine Fibroid with Pyo-Salphinx. Hysterectomy with Salpingotomy : Recovery.
- Case 13.—(Dr. Madden.)—Cystic Hypertrophy of Ovaries : Operation : Recovery.
- Case 14.—(Dr. Gilbert.)—

The Therapeutics of each case, both before and after Abdominal Section, and the course of convalescence, will be given separately and in detail.

Dr. ROBERSON DAY's Paper.

1. Preparation of Patient beforehand.
2. Selection of Anæsthetic.
3. Method of Administration.
4. Duration and depth of Anæsthesia.
5. Sequelæ.
6. Practical Demonstration of Apparatus used.

HAHNEMANN PUBLISHING SOCIETY.

THE general meeting of this Society will be held at the Queen's Hotel, Southport, on Thursday, September 22nd, at 9 a.m. Gentlemen having any suggestions or communications to make to the Society will please send them to Dr. Hayward, 61, Shrewsbury Road, Birkenhead, Cheshire.

NOTES FROM AMERICA.

At the Washington meeting of the American Institute of Homœopathy, a paper by Dr. Hughes on *The Teaching of Materia Medica* was read. From books and articles lately published, Dr. Hughes had come to the conclusion that in the American Colleges *Materia Medica* is not always taught in the best possible manner. He urged that first of all students should be thoroughly grounded in the pathogenetic action of drugs, clinical illustrations being subordinate to this. He feared that the reverse of this was the method in America; *Materia Medica* being approached from the clinical rather than the pathogenetic side. Thus to teach it led to empirical rather than homœopathic practice—to the *Repertory* being a clinical guide rather than a reference book to the *Materia Medica*. “The teacher,” he said, “should present drug-action, where possible, as he should disease, in the form of clinical cases; and for this purpose he has the *Cyclopædia of Drug Pathogenesis*, now complete and accessible to all, where provings and poisonings may be read in their original narratives. . . . Thus grounded, the beginner will be ready with cleared vision to enter upon drug therapeutics. . . . The law of similars will be his touchstone for the doings of the past, his instrument for further developments in the future. If he has to fill up gaps from the *usus in morbis*, he will do so with his eyes open and know what he is about.”

This paper gave rise to a lively discussion. Dr. T. F. Allen, Dr. A. L. Monroe, Dr. J. S. Mitchell and Dr. T. C. Duncan thought that the teaching in the American Colleges was fairly good, on a good plan, and called for no remonstrance. Dr. Mack, Dr. Dake, Dr. J. C. Morgan and Dr. Mohr, on the other hand, thought that the points urged by Dr. Hughes required more attention than they had received, while each regarded the *Cyclopædia* and the *Materia Medica Pura* as the works upon which lectures should be based.

* * * *

An especially rabid anti-homœopath, one Dr. George M. Gould, the editor of the *Philadelphia Medical News*, has, *The Hahnemannian Monthly* tells us, offered a prize for the best essay showing “the ridiculous pretensions of homœopathy,” and “adapted to the commonest lay understanding.” It is to be supplied to physicians in quantities for distribution “at the cost of printing.” A well known homœopathic physician has offered to contribute twenty-five dollars, in addition to the hundred Dr. Gould will give, provided he will publish an answer to the prize essay in the next number of

the medical journal publishing the essay, or will bind the answer with the essay in pamphlet form !

* * * * *

A new class of medical practitioners has, we hear from the *North American Journal of Homœopathy*, sprung up in the United States. They have been dubbed *Sundowners* ! They consist of men who, being engaged in Government offices during the day, devote their evenings to what medical practice they can pick up. These gentlemen are accused of "cutting rates," and doing various other sinful things, and the Medical Association of the district of Columbia has incorporated in its bye-laws the following somewhat remarkable declaration : "No graduate in medicine shall be deemed eligible to membership in the Association who shall not devote his entire time to the practice of medicine." The *Journal* adds : "Judging from the resolution, the '*Sundowners*' must do considerable business !"

* * * * *

The *Notification of Contagious Diseases Act* would not suit the notions of the free and independent Texans ! The *Atlantic Medical and Surgical Journal* tells us that "an interesting and perplexing suit is in progress out there. A suburban practitioner, called to attend a patient suffering from scarlet fever, advised the landlord to disinfect the house. This was done, and the landlord sued the patient to recover the cost. The latter, therefore, sued the doctor for breach of professional secrecy, and it is thought he will win his case !"

MATTEI MEDICINES.

In the *Review* for 1873 (p. 253) we published a short article describing the visit to Bologna of a lady suffering from a fungoid cancer, whither she had gone for the purpose of being cured by Count Mattei, and of the enquiries made by her companion into the nature of the cures the Count had asserted in a book, the reputed author of which was a Dr. Coli, that he had effected at a hospital, which, it was stated that the Count carried on there, and where 20,000 persons had been restored to health. The result of the visit was that the patient, after two months of *anti-canceroso* at Bologna, came home worse than when she went. That after visiting at the homes of some of the people, stated in Dr. Coli's book to have been cured, not one was found who had derived any advantage from the Count's ministrations. The reputed hospital could not be found, and was authoritatively asserted to have had no existence !

This Italian Count further advertised his nostrums as "*homœopathic*" ! His preparations, whatever they may be,

are *secret*. For a medicine to be homœopathic, some knowledge must be possessed of its pathogenetic properties. Of those advertised by Count Mattei we have none! For a medicine to be homœopathic it must be homœopathically prescribed; that is to say, its pathogenetic effects must resemble the symptoms of the pathological process it is given to check. With medicines of which one knows neither the name nor the effects, this is simply impossible. Consequently to use this word to define such medicaments was a fraud.

Still this form of quackery, like that of secret medicines generally, appears to have prospered until now. Rather more than a year ago, that very sensational journalist, Mr. W. T. Stead, devoted a considerable space in the *Review of Reviews* to heralding the fame of Count Mattei and his medicines. The upshot of this was the appointment of a committee of investigation to enquire into the claims of Count Mattei and his followers to be curers of cancer "without the knife." The claims of those who undertake to cure cancer with the knife, unfortunately, are not great, but the committee, as might have been, and probably was anticipated, have found those put forward by Mattei to be smaller still. The report of the committee appeared in the *British Medical Journal* of the 18th ult. Originally it consisted of Sir Morell Mackenzie, Mr. Lawson Tait, and Dr. G. W. Potter. After the death of Sir Morell, Mr. H. A. Reeves, F.R.C.S., and Mr. John Hopkins, F.R.C.S., joined the committee, and a Cambridge graduate in medicine was appointed to act as their paid registrar, whose duties were to watch the cases in detail from week to week, and to make periodical reports; the members of the committee themselves regularly inspecting the cases and noting their progress. The following extracts from the report to which we have referred show the mode of conducting this enquiry and its results.

The arrangement with the Matteists was, that cases of *bonâ fide* cancer in the first or second stage, by whomsoever introduced, should be alone accepted. After a considerable number had been refused by the Matteists as being unsuitable, "they agreed to treat five patients, all women, all, with one doubtful exception, suffering from cancer of the breast, and all certified by competent surgeons, not members of the committee and not Matteists."

"Some of the patients were at first located for a time in St. Saviour's Hospital, Osnaburgh Street, but this arrangement proving impracticable they were dealt with as out-patients at one of the Matteist depôts.

"The five cases were under observation for exactly a year. That period was quite long enough for definite changes of a

favourable or unfavourable character to manifest themselves in all or most of the cases.

“ A visiting rota was agreed upon, and each member of the committee promised to attend weekly in turn, along with the registrar, at the dépôt to inspect the cases. All this was faithfully carried out. When the Matteists discovered that they were dealing with men who intended to give them as much latitude as they pleased, but who were also minded to see what use they would make of it, they took fresh and more obvious alarm. They wrote to the committee, through Mr. Stead, representing that the treatment of the five cases was likely to be very prolonged and to cause much inconvenience to the members of the committee, as well as to delay indefinitely the publication of the report which was so anxiously looked for. They therefore proposed that, as they had several old cases on hand which they professed to have cured previously, the committee should see those ancient cases and publish their report upon them.

“ Mr. Stead expressed himself as thoroughly ashamed of his champions. He, unfortunately for himself, had been fully convinced that Matteism was an inspiration, and that Mattei and all his followers, but especially his medical followers, were loyal lovers of truth. Though the members of the committee sympathised deeply with the editor of the *Review of Reviews*, it is hardly necessary to state that they did not see their way to accept and report upon ancient cases exclusively vouched for by the testimony of the interested ‘cancer curers,’ and of which they had no opportunity of verifying the diagnosis at the outset or watching the progress. This was the second attempt made by the hardly pressed Matteists to escape from the plight into which they had brought themselves.

“ It now became obvious to all the parties concerned that the Matteists must either cure their cases or ignominiously give up the contest. But the cases could not be cured by any such means as were employed. On the contrary, the cancerous growths all continued to progress exactly as if no treatment whatever had been used. Some developed slowly, others more rapidly; but one, which had presented an unbroken surface at the outset, very soon became deeply ulcerated and excavated, and even the Matteists themselves were obliged to admit that ‘it seemed to be getting worse.’ Then happened an apparently irrelevant circumstance which the cancer curers seized upon, as a drowning man catches at a straw. One of the smaller medical papers not knowing the real facts of the case, called in question the expediency of the inquiry. The members of the committee then publicly

explained the *status quo*. Whereupon the Matteists wrote to Mr. Stead, pretending that one of the conditions of the inquiry had been violated; and that, therefore, they declined to continue the treatment of the cases under the observation of the committee. Mr. Stead explained to them that they were under an absolute misapprehension; that no condition had been violated; that what had happened was that the committee had made a rule for its own guidance to the effect that nothing was to be published relating to the cases without the authority of the committee; that the Matteists were not members of the committee, and therefore had nothing to do with its rules; that, moreover, even the rule made by the committee for its own regulation had not been violated, inasmuch as nothing had been published relating to the facts of the inquiry, but only an explanation of the sceptical attitude of mind in which the committee had entered upon its work had been given to the medical profession; and that, moreover, the Matteists had known of that attitude of mind from the very first, and had professed that it was the one mental attitude of all others which they themselves had wished the committee to hold.

“But Mr. Stead’s protests were all in vain. In vain he told the Matteists that they had invited inquiry; in vain he urged that to convince believers was a superfluous task; what was necessary was to convince unbelievers, and that the unbelievers were ready and waiting to be convinced. In vain he urged upon them that if the five cases were to be ultimately really cured, even unbelievers could not deny the actual and material facts; and that, moreover, if they did, he (Mr. Stead) was there to convict them of falsehood, and to denounce them before the whole professional and non-professional worlds. In spite of these almost pathetic protests and adjurations, the Matteists positively and repeatedly declined to continue the treatment of the cases under the observation of the committee in any way whatever. This was the third attempt on the part of the Matteists to escape from the investigation they had directly courted. This final attempt at escape was successful. The Matteists took to flight, and ran, figuratively speaking, as fast and as far as their legs could carry them. Is any comment demanded upon facts like these?

“What are the medical aspects of the Mattei treatment? There are no medical aspects of any kind. Matteism, in the deliberate judgment of the committee, consists exclusively of vulgar, unadulterated, unredeemed quackery. Mr. Stokes analysed the ‘electricities,’ the potions of the Matteists, and found them to yield no other reaction than that of plain

distilled water. The results of administering these substances to patients entirely coincided with the results of chemical analysis. Water is the potent magician which, when taken in unquestioning faith, makes some of the deluded victims of Matteism feel that they are relieved of their pains. Even the poor creature whose cancerous growth is ulcerated and excavated, and whom the Matteists themselves admit to be 'worse,' persists in declaring herself improved, and pathetically anticipates the day of her perfect cure."

Though the cynical and contemptuous tone in which the report is written is not suggestive of a judicial frame of mind in the reporter, there is no reason to doubt the fairness with which the inquiry was carried out or the conclusion arrived at by the committee.

The simple facts are sufficient. Five cases of cancer, which the followers of Count Mattei said they could cure with his medicine, were so treated by them for a year, and at the end of that time not one showed any indication of improvement, all on the contrary had become worse. This is precisely what every one who knows anything about cancer might have expected.

Mr. Stead, in *The Review of Reviews*, publishes the foregoing report and a letter from the Matteists, in which they maintain that though no "cures" have been effected, the patients have experienced relief, and one and all are persuaded that they are better after having used the medicines. "This is a somewhat lame and impotent conclusion," writes Mr. Stead, "to be arrived at after all the trouble that has been taken." It may be entertaining, if not instructive, to hear that the Matteists state that all the patients "have been promptly relieved from the characteristic pains of cancer by the use of Mattei's green electricity!"

TORQUAY HOMŒOPATHIC DISPENSARY.

MEDICAL REPORT FOR 1891.

Patients remaining from 1890	...	...	130
Admitted during 1891	...	...	788

868

Cured	...	...	...	...	869
Relieved	...	...	...	...	205
No change	...	...	...	...	52
No report	...	...	...	...	110
Deaths	...	...	...	...	4
On books	...	...	...	...	123

868

Consulting Physician, Dr. MACKINTOSH.
Physicians, Dr. CASH and Dr. EDGELOW.

CROYDON HOMŒOPATHIC DISPENSARY.

REPORT FOR 1891.

THE dispensary has been open as usual four mornings in the week. There were 1,245 patients under treatment, and 4,202 attendances, as compared with 1,098 names entered in the book for 1890, with 3,173 attendances.

T. E. PURDOM, M.D., C.M.

J. DELEPINE, M.B., C.M.

THE PHARMACEUTICAL SOCIETY OF TASMANIA.

THE society is doing good work in the conducting of examination of candidates for the license to dispense medicines, &c., as duly qualified chemists in Tasmania. The examination consists of two parts—written, and *viva-voce* tests in *Materia Medica*, pharmacy, botany and chemistry, and a second or practical portion in pharmacy and dispensing. At a recent examination two out of three candidates passed the examinations. Pharmacy has always been a branch of the medical science to which homœopaths have paid careful attention. For in homœopathy everything (after the choice of the remedy) depends on the quality of the drugs administered, no increase in quantity being able to make up for inferiority in quality. Mr. H. T. Gould, managing director of the Hobart Homœopathic Pharmacy, is a member of the Board of Examiners of the Pharmaceutical Society of Tasmania.

OBITUARY.

JOHN JAMES DRYSDALE, M.D.

It is with a feeling of sorrow that will find a response in many a heart, not only in Liverpool, but throughout the country, as well as in Germany and in the United States, that we record the death, on the 20th ult. at his country house, Beech Lawn, Waterloo, near Liverpool, of our old friend Dr. Drysdale.

JOHN JAMES DRYSDALE, a son of Sir William Drysdale, at one time Lord Provost of Edinburgh and a member of an old Aberdeenshire family, was born at Edinburgh in 1817.

At the termination of his general education, the greater part of which was conducted in France, Dr. Drysdale matriculated at the University of Edinburgh, and there entered on the study of medicine. During his student career he was a pupil of Dr. Fletcher, one of the most successful lecturers on physiology of the day, an original thinker, a scholar of wide and varied learning, and, at the same time, a thorough and most fascinating teacher. In the

course of his lectures he did not ignore the subject of homœopathy, but, treating it academically, he, from the theoretical standpoint, admitted its probability, and indeed saw in it a certain degree of corroborative evidence of some physiological speculations of his own. The early death of such a man was a great loss to science, and indirectly, we doubt not, to therapeutics.

Having completed the ordinary curriculum, and passed through the University with distinction, Drysdale graduated as M.D. in 1888, being admitted a Licentiate of the College of Surgeons during the same year. Shortly afterwards he set out with his friend, the late Dr. Rutherford Russell, to Germany and Austria. They first visited Leipzig, and attended the Homœopathic Dispensary there. Encouraged by what they saw, they passed on to Vienna. While there Drysdale became acquainted with some of the homœopathic physicians of the city, and, by them, was induced to give to homœopathy that further practical investigation to which the teaching of Fletcher and his observations in Leipzig had more than predisposed him. For the purpose of this inquiry he was a regular, almost daily, attendant for nearly two years at Fleischman's Hospital in the Leopoldstadt. Dr. Dudgeon was in Vienna at the same time, and met him constantly. He, however, took no interest in homœopathy while there, but devoted his whole attention to the study of pathology, general medicine, and ophthalmology, of which the celebrated Jaeger was the professor of the day. Here, nevertheless, that long and cordial friendship was formed, which, in after years, was to unite the two young physicians in doing so much useful work for therapeutics.

After returning home Dr. Drysdale selected Liverpool as a sphere for practice. He went there thoroughly assured that in homœopathy lay the scientific basis of therapeutics, and he openly declared his so-called heretical views. He carried with him letters of introduction from Sir James (then Dr.) Simpson and other distinguished men to Dr. Vose, one of the physicians of the Royal Infirmary, to Dr. Petrie one of the surgeons to the Royal Southern Hospital, and to others. These letters "spoke of him in very flattering terms," and described him as having "distinguished himself academically," but also as having "recently been in Germany and imbibed some of the new notions promulgated there." He was proposed as a member of the Liverpool Medical Institution by Dr. Petrie, and shortly afterwards read a paper there on the subject of homœopathy, a paper which was warmly discussed. Among those present at this meeting was the late Dr. Chapman, of London, then living in Liverpool, who had already commenced

a study of homœopathy though not practising it. At this time, as Drysdale afterwards remarked in the course of a speech at a meeting of the Society, "the cause of common sense was in the ascendant, and he was admitted while openly expressing his convictions."

In November, 1841, Dr. Drysdale opened a Homœopathic Dispensary in South Frederick Street, from whence it was removed in June, 1842, to Benson Street, where he was joined in conducting it by Dr. Chapman. This was the germ from which has grown the handsome Hahnemann Hospital presented to the city by that generous and munificent benefactor Mr. Henry Tate. During the first year the patients numbered 982; in 1846 they had increased to 4,078. A few years afterwards the Corporation of Liverpool granted to the committee the free use of a house in Hartford Street for the purpose of the Dispensary. In no long time these premises were found to be much too small and inconvenient; and in 1860 a determined effort was made to raise sufficient funds to erect a suitable building in Hardman Street. A sum of £2,000 was obtained, and with this a dispensary-building was secured that enabled Dr. Drysdale and his friends to carry out their work more satisfactorily than had hitherto been possible. At the opening of this establishment Dr. Drysdale delivered an interesting and exhaustive account of the early work of homœopathy in Liverpool. One want only was felt, and that was the necessity for a dispensary in the north-end of the town, where the poorer classes especially resided, but soon this difficulty was overcome, and a branch was opened in Wilbraham Street. This was in 1866, and in 1872 a permanent building was secured at 16, Roscommon Street, which has been, and still is, largely attended by the numerous working-class population of Everton and Kirkdale.

During 1849 Liverpool was visited by a severe epidemic of cholera, the total number of deaths between the 20th of May and the 6th of October being 5,098; rather more than 3 per cent. of the population of the town being affected. Active measures were taken by the Committee of the Dispensary in compliance with the suggestions of Dr. Drysdale, Dr. Hilbers and Mr. Moore, and they, with the assistance of the late Dr. Stewart, of Dundee—at that time an Edinburgh medical student—worked night and day throughout the epidemic among the poor, terror stricken people around them. Of 175 cases of well developed cholera, 130 recovered and 45 died, giving a mortality of 25.7 per cent. Besides these they attended a large number of cases of cholerine, all of which recovered. The mortality of all cases occurring in the town during the epidemic was reported by the medical officer of health as being 46 per

cent. A most useful study of the pathology and therapeutics of cholera by Dr. Drysdale, based upon the observation of these 175 patients appeared in the *British Journal of Homœopathy* at the time.

The result of this success was seen in the rapid increase in the work of the dispensary, and in the additional interest taken in the subject of homœopathy throughout the town.

Mr. Moore and Dr. Roche became converts to homœopathy. Dr. Stokes succeeded Dr. Hilbers in practice, and Dr. Hayward settled in Liverpool during the next few years. These circumstances, the result of the steady continuous work of Dr. Drysdale, instead of, as they well might have done leading the other medical men in the town to examine the practice of the method adopted by Dr. Drysdale, did but stir them up to wrath and indignation against him, and though they could not turn him out of the Liverpool Medical Institution, they resolved that no one medically like-minded with himself should be again admitted. To accomplish this stupid, irrational, ignorant and bigotted policy, a meeting of the members was held in the Institution on the 1st of December, 1858, and the following new law was proposed by Dr. Vose: "Any one practising homœopathy shall be ineligible for election, either as a member of the Institution or a subscriber to the library, and any regularly elected member or subscriber subsequently becoming a practitioner of homœopathy shall, *ipso facto*, cease to be a member of or subscriber to the Institution." Much coarse and violent language was indulged in by the supporters of the new law, and a great deal said to show that homœopathy, in Liverpool at any rate, was trenching very seriously upon the material interests of the majority of the profession. On the other side, a highly-respectable minority, led by Dr. Inman, protested against the intolerance of opinion displayed by the proposed new law. An amendment was proposed by Dr. Inman, and seconded by Dr. Cameron, to the following effect: "That the members of the Medical Institution do not consider it just or expedient to deprive any legally qualified practitioners of the privileges of the Institution solely on the grounds of the medical opinions they entertain, and they feel confident that the present laws are sufficient to maintain the honour of the profession." Dr. Drysdale's speech in support of this amendment was a calm, dignified, thoughtful address, in which the scientific position of homœopathy, or rather that of those who practise homœopathically, was stated with clearness and without a single reference, however distant, to the foul and abusive language with which it, and through it, he himself had been assailed by the leading physicians and surgeons of the town

The amendment was lost, 29 voting for it and 41 against it. On the original motion being put 40 voted for it and 27 against it, but as a two-thirds majority was required to create a new law it was lost by 14. Schemes various and numerous were at once devised by the more determined and intolerant of the 40 to damage the reputation of the 27, to exclude their influence from the Council, and to ensure a two-thirds majority on a future occasion. This last point was gained by bringing into the Institution a large number of medical men as new members. They went out into the highways and compelled the tag-rag and bobtail of the profession around them to come in. Many, it was believed at the time, never paid their subscription, others had it paid for them, and just voted and then vanished! In this way the necessary authority, or at any rate semblance of authority, was acquired a few months later for enacting the law which prohibits freedom of opinion in the Liverpool Medical Institution. In 1878 Dr. Sinclair proposed the following resolution: "That freedom of opinion being essential to the character of a scientific institution, the clause of the law by which legally qualified medical practitioners are excluded from the benefits of the Institution be rescinded." By another "dodge" all consideration of the resolution was prevented—the "previous question" was moved, at once voted on, and by a majority agreed to!

Another struggle for freedom of opinion in which Dr. Drysdale was engaged was in 1868, when, a vacancy occurring among the physicians of the Children's Infirmary, he was requested by a number of the governors to present himself as a candidate for the post. He did so, and by a variety of manœuvres of the electioneering type was defeated. Intimidation was brought to bear upon four out of the six candidates to compel them to withdraw, in order that the votes might be divided between two candidates only; and upon the Committee of Management by threats of resignation on the part of the remaining members of the staff and expressions of their determination to prevent any one taking their places. In spite of these measures, and the creation of a number of new subscribers to vote against him, Dr. Drysdale received 95 votes, and the successful candidate 225. This election drew from Dr. Drysdale one of those calm, dispassionate and generous pieces of criticism—published as a letter in the *Liverpool Mercury*—which he has, at the conclusion of many a discussion in which he had taken an active part, so often delivered—(*Mon. Hom. Rev.*, vol. xii., p. 378).

Ever recognising and insisting upon his right as a physician, and the right of all duly qualified medical men to hold office in an established hospital, without reference to their thera-

peutic views, he had hitherto, and still for some years continued to rather discourage than otherwise the erection of a hospital for the special purpose of affording a field for the public practice of homœopathy. The medical staffs of the general hospitals having banded themselves together to prevent the introduction of homœopathy into these institutions in a legitimate manner, Mr. Henry Tate's noble offer to build and furnish a Homœopathic Hospital for the benefit of the poor of the city became cordially and gratefully accepted. This Institution, under the name of the Hahnemann Hospital, was opened on the 28rd of September, 1887. At the luncheon on the opening day, Dr. Drysdale in speaking said: "It is not given to many of us to see a full measure of fruition of our aims and hopes when they had been delayed nearly a generation and a half. Yet it is now nearly forty-five years since the dispensary, which was the precursor of this Institution, was opened in Benson Street by Dr. Chapman and myself." This "full fruition" was attained through no special appeal to the public, by no factitious means of any kind. It was arrived at by his patient perseverance in well doing, by the influence exercised by his consistently high standard of conduct both professionally and in private life; by a large amount of well marked success in a careful and studied practice of homœopathy as a consulting and family physician; by his constant regard for, and active display of interest in, the welfare and success of his professional neighbours in the practice of homœopathy; and by the reputation he acquired in departments of science outside of those bearing upon practical medicine. Dr. Drysdale was recognised by all who knew him, not only as a physician of very considerable learning, a man of liberal and generous views, but as a gentleman actuated in all things by the keenest sense of honour. For such an one throughout the whole of a lengthened professional career to have practised and to have devoted himself to the cultivation of homœopathy was, in itself, abundantly sufficient to prove to all around him that the miserable and ignorant distortions of this therapeutic method which were set forth, and the foul and infamous epithets rained upon it by the local leaders of medical opinion at the Liverpool Medical Institution were scandalously untrue and unjust—discreditable to them as men of learning, disgraceful to them as gentlemen.

Dr. Drysdale was appointed, and has since continued to act, as consulting physician of the new hospital, and has had the happiness to live sufficiently long to see not only the "full fruition of his aims and hopes," but to witness the active, useful, and successful operations of the Institution which represents these aims and hopes under the direction of physicians and surgeons each of whom has been more or less

assisted by him in acquiring that knowledge of homœopathy to which they are so largely indebted for their clinical success.

During the last two years Dr. Drysdale's health has been failing. For many years past each time he has appeared at the annual Congress his vigour seemed unimpaired; the evidence of increasing age was but slightly noticeable, and he was as fresh, as full of conversation and as interested in passing events as ever. But at Bournemouth, in 1890, there was a marked change in his appearance. "For the first time," more than one remarked, "Drysdale looks very much older." An anæmic expression was observable, and still more so last year in London. Reports reached us in the autumn that "Drysdale is getting weaker." Those who tenderly watched over him perceived an increasing debility, which he would not recognise. Happily, he was induced to abandon a share of his professional work, and to admit of his doing so, associated Dr. Ellis, who had formerly been connected with the Children's Hospital and later with the Homœopathic Dispensary in Liverpool, in practice with himself. This step was a considerable relief to him and gave him much pleasure, the more so as Dr. Ellis' scientific tastes took much the same direction as his own. Still his feebleness increased, and was especially apparent to us when we happened to call upon him in Liverpool last January. A few days after our visit he took cold on leaving an evening party; this rapidly developed into broncho-pneumonia, and for several days his life was in great danger. He rallied, however, and before the end of February was able to go with several members of his family to Cairo and there rapidly recovered; so much so, that against the wishes of his friends he insisted on indulging his desire "to get back to work." Once more at home and again renewing his natural history researches his feebleness reappeared and continued to increase; the progressive anæmia, which had been undermining his health for so long, advanced, and he died, as we have said, on the morning of Saturday, the 20th ultimo.

He was assiduously attended throughout the whole of his illness by Dr. Simpson, of Waterloo, with the co-operation, in consultation, of Dr. Hayward and Dr. Ellis.

Dr. Drysdale was twice married. His first wife, by whom he had four children, was the daughter of the Rev. W. Boyd, a clergyman in the north of Ireland. Some years after her death he married Miss North, the daughter of one of the leading solicitors in Liverpool, and a sister of Mr. Justice North. She, with a son and three daughters, survives him. His eldest son, Dr. Alfred Drysdale, the translator of Ameke's *History of Homœopathy*, died rather more than three years ago at Cannes, where he had resided for several years, during

which he acquired a considerable reputation both as a physician and a *littérateur*. His other son, by his first wife, lost his life some years ago while boating on the Dee near Chester. These losses preyed heavily upon Dr. Drysdale's feelings, throwing a dark shadow over the latter years of his life.

The work with which Dr. Drysdale's name will be chiefly remembered in the history of medicine is unquestionably *The British Journal of Homœopathy*. One of its three founders, for thirty-five years its senior editor, and, during the whole of that period, the writer in it of numerous articles—signed and, in its earlier volumes, unsigned—the value and usefulness of which have long since been fully recognised both here and in the United States, Drysdale, in the establishment, and by his contributions to this well known *Journal*, accomplished a great work for homœopathy. At the dinner at which a testimonial was presented to himself and his colleagues, Dr. Dudgeon and Dr. Hughes, “in recognition of the services rendered to medical science in connection with *The British Journal of Homœopathy*,” he summed up its chief contents in the following words: “All the arguments for and against our principles, and most of the difficulties of its application to clinical medicine, and the question of non-homœopathic auxiliaries, have been exhaustively considered, so that any one wishing to form an opinion upon these matters has all the *data* in the back numbers of our *Journal*. This was conclusively shown by the last important argument upon the question, viz.: Dr. Bristowe's Address to the British Medical Association about four years ago. This does not contain one single argument on the truth of our principles, nor one statement of the difficulties of its application which has not been fully met.”

The publication of the *Journal* was, as he told us on the same occasion, determined upon at a dinner at the Granton Pier Hotel, when, in 1842, he was on a visit to Edinburgh. He, Dr. Rutherford Russell, Dr. Black and Dr. Samuel Brown dining together agreed that, though “Carlyle was then insisting with many words that speech was silver but silence was golden, thought it better to follow his example rather than his precept, and determined that for the advancement of a truth, in science at least, an organ of speech was essential.”

How highly the *Journal* had been valued, how sincerely appreciated were the efforts of its editors, was well shown at the dinner to which we have referred. “Founded,” said the chairman (Dr. Hamilton), “for the purpose of bringing before the medical profession not only the practice but the scientific merits of the doctrines enunciated by Hahnemann, it never swerved from that purpose, and well and nobly has it done its

work for upwards of 40 years." This testimony to the constancy of the *Journal*, the statement by Dr. Pope, in a subsequent speech, that Dr. Drysdale and his colleagues "retired from their editorial duties with the assurance that, in the opinion of those who are best qualified to judge of such a matter, they have probably done more than any other three men in this country towards the achievement of that therapeutic victory which must and will be won in the future;" his acknowledgment of "our indebtedness to them for the courtesy, kindness, and attention they had ever shown to their colleagues;" and his conclusion, that we "gratefully admitted how honestly and unswervingly they had done their duty to the cause they undertook to represent, how courteously and considerately towards those whose interests had been associated with that cause"—were sentiments each of which was received with loud cheers by those assembled at the dinner table.

Though the Liverpool Dispensary, and more lately its Hahnemann Hospital and the Liverpool Medico-Chirurgical Society—of which also Dr. Drysdale was the founder—claimed and received the larger share of his support, he ever evinced a lively interest in the London Homœopathic Hospital and in the British Homœopathic Society, at the meetings of which he was an annual visitor. In the scheme for re-building the London Hospital he took a warm interest, and, when proposing a toast at the Congress in 1890, spoke of the movement as one which it was the duty of all homœopaths to support and do all that could be done to carry out.

With the origination and prosperity of the Annual Meeting or Congress of British Homœopathic Practitioners, Dr. Drysdale has been closely connected. He was present at the first—that held in Cheltenham in 1850—and there read a paper on *Kali Bichromicum*. These annual gatherings, at one of which he occupied the chair, were discontinued after a few years. In 1869, at a meeting of the Northern Homœopathic Medical Association, a committee, of which Dr. Gibbs Blake and Mr. Fraser were the active members, was appointed to promote a revival of the annual Congress. At a subsequent meeting of this committee it was determined that the nomination of the president of the first meeting should be entrusted to the members of the British Homœopathic Society; and they at their annual assembly in June, 1870, showed their high appreciation of Dr. Drysdale by unanimously electing him to preside over the Congress in Birmingham; this he did, and opened it with an address of deep interest. At the Congress of 1871, he also occupied the chair in the lamented absence of the late Dr. H. Madden, who, a fortnight previously, had been disabled by a sudden attack of cerebral hæmorrhage. With

but rare exceptions, Dr. Drysdale has been present at each Congress held since, including that in London last year, and until a few weeks ago, he quite hoped to be at Southport this month. He was no silent or inactive member, but on various occasions contributed papers, and on all has taken an active part in the discussions. The last meeting at which he read a paper was that at Bournemouth in 1890, when his remarks on *Obstruction of the Bowels* led to an interesting and useful discussion.

At the International Homœopathic Convention, held in London in 1881, Dr. Drysdale was unanimously elected as the representative of the United Kingdom on the list of honorary vice-presidents, and contributed to the usefulness of the proceedings by an instructive speech on, how to discover the true similarity between drug action and disease—a discourse which showed his power of close critical analysis, the constant study to which he had subjected his large clinical experience and his clear conceptions of the requirements of the materia medica, in order that the needs of the homœopathic physician should be fully met.

In all that was accomplished and attempted to secure the public teaching of homœopathy, Dr. Drysdale ever took an active interest. To the methods of working the London School of Homœopathy he contributed largely by advice and criticism towards the attainment of a high ideal—an ideal higher than those who had the management of it, felt it possible, under the then existing circumstances, to achieve. On one occasion, after reading a paper on the subject which had given rise to an earnest discussion—much of which was adverse to his views—he said: “We all wish the same thing—the good of the cause—but we have different opinions. I trust that what I have said may be cordially accepted, and possibly some third method may be struck out which will be better than either of those proposed.” When the question of the designation of the school was under discussion, Dr. Drysdale was among the number of those who desired that it should be of a general character, and not limited by the word homœopathy. He was, at the same time, careful to let it be understood that he was not to be confounded with those who appeared to wish to abandon the use of such words as homœopathy and homœopathic as “sectarian;” on the contrary, he said, “as long as we believe that the homœopathic is the law of the action of specific medicines, so long must we, in common honesty, confess that we do. While our professional brethren separate themselves from us on that account, and falsely brand us as sectarian, we must be content to bear the accusation. Until the majority of medical men return to the behaviour of men of science and gentlemen, and allow

homœopathy to be discussed, like any other theory, in medical literature and societies, there must exist a separate literature and societies, to which no more appropriate name than homœopathic can be given." The solution of this question, which has now and again raised some discussion in journals and societies, is in this passage stated with a clearness and a fulness that really leaves nothing to be said.

Homœopathy Dr. Drysdale ever recognised as the most efficient method hitherto taught of applying to the cure of disease all the knowledge it is possible for us to acquire of those alterations in health which drugs are capable of producing. Hence, from the commencement of his career as a contributor to the study of practical medicine down to its close, his attention was directed to the perfecting and extension of the *Materia Medica*, and to devising methods for facilitating its study in the treatment of individual cases. One of his earliest essays in *The British Journal of Homœopathy* is *On the Proving of Medicines on the Healthy Body*; the last which he furnished to our *Review* was *On Dr. Hughes' Index to the Cyclopædia of Drug Pathogenesis*. In the first he pointed out how experiments with drugs ought to be made and recorded so as to supply the physician with the materials necessary for studying their actions; and in the last, he considered a plan by which the collected materials might be referred to with sufficient ease to admit of their being readily available for the purposes of the prescriber. His paper on *Proving* was shortly followed by a practical illustration of his teaching in the very exhaustive article on *Kali Bichromicum*, published first as an appendix to the second volume of *The British Journal of Homœopathy*, and later in the first part of the *Hahnemann Materia Medica*. It was then, as with the exception of Dr. Hayward's comparatively recent essay on *Crotalus*, prepared on much the same plan, we believe it is still, the best study of the action of a drug at our disposal.

No writer on *Materia Medica* has been more persistent in urging the closest scrutiny into the symptoms ascribed to drugs. Conscious that many had gained admission among the effects of drugs recorded in our text-books, which did not really result from their having been taken, he was an earnest advocate of that critical revision of the *Materia Medica* which has at length been accomplished in the *Cyclopædia of Drug Pathogenesis*. He, as he says in one of his many essays on *Materia Medica*, regarded the covering of the *totality* of the symptoms even to the minutest degree as ever the *ultima ratio* of homœopathy. This, he argued, was not only compatible with an earnest desire for the revision and purification of the *Materia Medica*, but rendered such revision all the more necessary, the presence of so many false symptoms

having, through disappointment, led many to cease prescribing with that minute care necessary for accurate individualising, and to fall back upon general or clinical indications. Hence he concludes "we should, in arranging the *Materia Medica*, lean strongly to the sceptical side, and, in revising the literature, reject with Langheinz and Roth all symptoms from sick persons whom we can no longer examine; and leave on one side, for the present, all proving symptoms tainted by any reasonable doubt, though we should thereby reduce the number in our working schedule to a half or even a quarter." On the same question, that of the importance of the revision of the *Materia Medica*, he said: "One great *desideratum* is to prune the narrative of much redundancy and repetition, and also to find out, if possible, by internal evidence which symptoms really belong to the drug by the confirmation of one prover's symptoms by those of another. . . . I think we cannot be too scrupulous or too severe in refusing doubtful symptoms admission to the schedule." The need of therapeutics he set forth as follows 10 years ago:—"What we require is a complete *Materia Medica*, in which all the knowledge of the day on the action of each drug on the healthy and diseased body shall be correctly represented, thus implying that there will be a thorough criticism of every symptom, and, if possible, none admitted if at all doubtful; likewise that the arrangement shall be such as to afford easy access to the detailed symptoms without destruction of the natural group in which they originally occurred." With a generous ignoring of the trades-union influences which deter the great body of the profession from testing homœopathically selected remedies in their treatment of disease, he subsequently says, that if we had such a *Materia Medica* "a complete index to the same as a repertory, and a work such as the contemplated *Therapeutic Repertory*, which would show what our practice really is, little more would be wanted to convert the entire medical profession to homœopathy."

One step in this programme has now been completed. The revised and purified *Materia Medica* we have in *The Materia Medica Pura* of Hahnemann, edited by Drs. Dudgeon and Hughes, and in *The Cyclopædia of Drug Pathogenesis*, by Drs. Hughes and Dake, with the aid of a consultative committee of which Dr. Drysdale was one of the most active members.

The second step, that of a complete index or repertory, has engaged Dr. Drysdale's thoughts for very many years. In 1849 the Hahnemann Publishing Society was formed, and after issuing the first part of *The Hahnemann Materia Medica* with provings of *kali bichromicum*, *aconite* and

arsenic, the first volume of an elaborate repertory to the symptoms of the mind and head, prepared by Dr. Dudgeon, entitled *The Pathogenetic Cyclopædia*, was published in 1850. In 1858 a committee of the society was formed for the purpose, if possible, of devising a plan for completing the *Pathogenetic Cyclopædia* in a less voluminous form than that adopted in the first volume. Of this committee Drs. Drysdale and Dudgeon were the actively working members. The design for the repertory decided on was that known to us all as the *Cypher Repertory*. The first part appeared in 1859. Upon it Drysdale worked continuously, and strove hard to induce others to join with him in constructing it. Here he met, we fear, with a good deal of disappointment; the work was too mechanical, too dry to be attractive. Dr. Hayward, Dr. H. Nankivell, the late Dr. Stokes, and a few others, however, not only assisted him, but fully sympathised with him in his sense of its importance and practical utility. The plan of the work, which, we believe, is entirely due to Dr. Drysdale, is undoubtedly an ingenious one, and if used supplies a more satisfactory method of finding a symptom or group of symptoms belonging to a proved drug better than any other. It has one objection which, however necessary for completeness, has been fatal to its popularity—the use of the cypher. This, indeed, was essential, in order to bring the work within a reasonable compass. Had ordinary type been used, and each word printed in full, it was calculated that a large series of volumes would be required. But to learn to use the cypher seemed too near akin to learning a new language, and few have been willing to undertake the task. Those who have had the clinical and therapeutic zeal requisite to stimulate them to acquire a knowledge of it have ever expressed their sense of its utility. “I have,” said Dr. Drysdale, at Bournemouth in 1890, “used the *Repertory* every day of my life and I hope to continue to do so to the end.” *The Cyclopædia of Drug Pathogenesis*, the value of which, for the study of the general action of a drug and its applicability to forms of disease, is fully appreciated by all, is nevertheless not in its present state adapted to that minute individualisation of a remedy at which all who would give their patients the full advantage of homœopathy should aim. To enable it to do so an *Index* is a *sine quâ non*. This is in course of preparation by Dr. Hughes. The plan upon which it is being constructed is one to which Dr. Drysdale gave the fullest consideration, and which he discussed in speeches at the Congresses and elsewhere, and in papers published in the *Review*, the last of which appeared in May, 1891. He took the deepest interest in it, an interest prompted by his desire that it should facilitate reference not merely to the elements

of a symptom but to the entire symptom. He felt that "to get the true homœopathic correspondence, all the elements of a symptom must not only be found together in the pathogenesis, but they must be found together in the same symptom."

The Therapeutic Repertory or *Therapeutic Manual* was the third work, on the preparation of which Dr. Drysdale's heart was set. To issue a book having this title was a part of the original design of the Hahnemann Publishing Society. In 1870 and 1871 Dr. Hughes and Dr. Gibbs Blake arranged specimen chapters, which appeared in the *Review* for those years. In *The British Journal of Homœopathy*, Vol. xxxi., Dr. Drysdale published a paper *On the Difficulties of Constructing a Systematic Treatise on Homœopathic Therapeutics*. These he set forward with perfect frankness, but while acknowledging that it was impossible to find specific indications *ab usu in morbis*, he argued that as groups of symptoms in the *Materia Medica* are often incomplete and faintly marked, we often get a correct interpretation of the pure symptoms by the use of a medicine in disease; and secondly as the homœopathic indication is often based more on the general action of the medicine than on the symptoms occurring in the diseased part, the difficulties attending the construction of such a work ought to be overcome. Illustrations of methods were presented by Dr. Hughes and Dr. Blake, but nothing further was done until Dr. Drysdale and Dr. Gibbs Blake were requested to re-investigate the question and publish a plan in the *Review*. This appeared under the title of *A Manual of Therapeutics* in November last.

In addition to the large amount of valuable work Dr. Drysdale has done in the study of drug-action—work, the results of which have tended largely to render the *Materia Medica* records more reliable than they were, facilitate their interpretation, and reduce the difficulties of applying them in practice—he, some years ago, wrote a series of valuable articles in which he sought to point out the true place of specifics in medicine, to define the nature of specific curative action, and to explain the difference between the homœopathic and allopathic use of specifics. These papers which appear in each number of the *British Journal of Homœopathy* for 1867, 1868 and 1869 constitute a treatise on the philosophy of therapeutics, and at the same time a scientific defence of homœopathy, with a full consideration of the difficulties involved in its complete study and practical application. They are papers with which all who take a scientific interest in therapeutics ought to be familiar.

Dr. Drysdale's energies were by no means absorbed by his enquiries into therapeutics; he was, from his student days, largely interested in the study of natural science. As a pupil of Fletcher's he was thoroughly imbued with his physiological views, particularly those he taught on the nature of life, views which anticipated in a remarkable manner the modern protoplasmic theory of life. Almost the first literary work with which Drysdale interested himself after settling in Liverpool was the editing, jointly with the late Dr. Rutherford Russell, of Fletcher's *Elements of General Pathology*—a work which the learned and philosophical author did not live to complete for the press. From thenceforward Drysdale kept himself fully abreast of the progress—rapid and great as it has been—of physiological and pathological science. In 1874 he published a book entitled *The Protoplasmic Theory of Life*, in which he discussed the hypothesis of Fletcher, that the property of vitality does not reside equally in the various organic structures requiring different physical properties, but is restricted solely to an universally diffused pulpy structureless matter; an hypothesis which had, by the discovery of protoplasm by Dr. Lionel Beale in 1860, become an universally recognised fact. During 1873, 1874 and 1875, in conjunction with the Rev. Dr. Dallinger, he wrote a series of original papers on *The Life-History of Monads*. These essays attracted much attention in the scientific world by the entirely new light that they threw on the mode of development and propagation of these minute organisms. In a book published in 1878—*The Germ Theories of Infectious Disease*—he gave a very able *résumé* of the various theories current at that day, and indeed anticipated, in the application of his argument to practical medicine, much of the work that Pasteur has since carried out. In an inaugural address before the Literary and Philosophical Society of Liverpool, he discussed the important question: *Is Scientific Materialism Compatible with Dogmatic Theology?* In this address he, in a forcible and, as it appeared to us, unanswerable manner, demonstrated that in all scientific investigation “we reach a point where analogies can go no further, and we are compelled to admit a primordial cause or causes of whose nature, logic and science can tell us nothing. Therefore it cannot tell us whether matter or force are self-existing or even created by another self-existing power. And if we say that everything must have a cause, and therefore matter, what then was the cause of the cause of the matter? and so on *ad infinitum*. Thus we are conducted to a blank wall by a method which is wholly powerless to penetrate the mystery which lies behind.”

Admitting that pure science will not enable us to prove the existence of God, yet, he adds, in the spirit and firm faith of a

Christian philosopher, which characterised him throughout life, "from the depths of the unseen world the voice of the Almighty Himself has been heard declaring His will, and His nature and purpose, so far as seemed good to Him and we are fitted to comprehend. Surely, therefore, even apart from the transcendent importance of the purpose fulfilled by the Divine interposition, the very knowledge that revelation brings to fill up the fearful gap in natural science must make it a message indeed of glad tidings." He showed the utterly unscientific and untenable position of the German Posner that a man must deny God and trample the Cross under foot to become even a scholar, much less a master, in natural science. "May we not rather say," he concluded, "that no one can truly become a master in science unless he first takes up the Cross, and blends indissolubly the perfect love of truth as a moral duty with the love of truth in nature, which is the foundation of all true scientific method?"

In all work of this kind he was intimately associated as we have said with the Rev. Dr. Dallinger. This history of their friendship, how they worked together, the results of some of their enquiries, and the estimate formed of Drysdale as a scientific observer, are told in touching, simple language in a letter we have received from Dr. Dallinger, from which we make the following extracts:—

"Dr. Drysdale," writes his friend, "had the most perfectly scientific spirit of any man I ever knew. He sat at nature's feet, a child, yearning, thirsting to *know*, but without the shadow of a prejudice. I have seen him absolutely jubilant at the discovery of a new fact which has overthrown the judgments which his previous knowledge had compelled him for long to hold. The nobility of scientific work and association is that truth is placed first. To find out nature's methods at all costs is the supreme end; and I have known, in the course of twenty-five years of quiet scientific endeavour, many men whose lives have nobly embodied this; but I have known none equal to my old friend Drysdale in the sincerity and simplicity of his desire only to learn nature, and in the child-like spirit with which a fact—whatever its bearing might be—was received.

"He was a true and unostentatious friend. He was absolutely devoid of conceit. He thought of himself *only* as a means of knowing truth and doing good; and in scientific research he was unsparing of himself and untiring in his efforts; he never flagged when once he was convinced he had taken a true path of enquiry.

"I became acquainted with him purely on scientific lines. I had taken a deep interest in the solution of the question—moot in the world of biology twenty-five years ago—as to

the mode of origin of the least and lowest forms of life, for it was *here* that the battle of 'spontaneous generation' or abiogenesis would have to be fought; and having acquired manipulative skill with the highest powers of the microscope as it was then used, I directed my attention specially to a study of the life-histories of the least and lowest forms of life, feeling convinced that by an exhaustive knowledge of the life-cycles of these forms we could alone settle the question as to whether or not they arose *de novo*, as was by a certain school of physiologists maintained. Over this question I had spent nearly two years of work, and read a paper on the results at the then newly formed Liverpool Microscopical Society. This greatly aroused and interested Drysdale, who was there, but whom I did not then know. To his mind the whole question had been approached by me in a sound scientific manner, and the methods employed, and the further treatment proposed, greatly commended themselves to him.

"At this time he was not a *very* skilful microscopist; but he was a sound biologist, and (as I need not tell you) a learned physiologist. He came to me in his simple manner, and told me the facts, how deeply he was interested in the question I was working at, and asked me to give him the practical instruction needed to make him master of the microscope; and since I had affirmed that I could never *alone* complete the course of research I proposed, to allow him, when he had acquired manipulative skill of a sufficiently good quality, to work with me, doing all that was possible to assist me in my proposed prolonged researches.

"For twelve months he patiently studied the instrument and its appliances at my house and with me, being in fact for many months at a time a resident in my home to ensure a more complete success.

"We then commenced together the work of studying the life-histories of the forms now known as saprophytes, then as 'monads,' which were allied to the saprophytic bacteria, but which promised, for the enquiry in hand, better results than could be secured through the study of them. Our direct work together in this enquiry—extending through night and day observations wherever this was found necessary—occupied eight years; and during that time we were enabled to make out the complete life-cycle of seven of these forms; that is to say, we were enabled by the employment of the most powerful and perfect combinations of lenses constructed, to study the cycles of life in these minute forms and to show that their life-history was as definite and prescribed as the life-history of a daphnia or even a butterfly, although they were so small that a hundred millions might revel in the space occupied by a millet seed. In other words, our researches showed that

abiogenesis had nothing to hope from a thorough knowledge of the saprophytic organisms. It might conjure with this borderland of living things so long as it was *unknown*; but when by research we became acquainted with it, it was seen that the same great law of living things which was universal in higher and more complex forms was still true, viz., that only that which lives can give origin to life. This certainly represents the facts so far as our present knowledge goes."

In concluding this very interesting letter, Dr. Dallinger writes; "With him, has passed from earth one of the truest scientific spirits that ever rejoiced in its sunshine." Surely the lifelong testimony (based as it was throughout upon carefully studied and rigidly scrutinised clinical experience) borne to the truth of homœopathy by one of whom a scientific observer of the high rank of Dr. Dallinger thus writes after an intimate friendship of a quarter of a century, emphasises its claim to experimental investigation by every truth-seeking, scientific physician.

In all that tended to the cultivation of natural science in Liverpool Dr. Drysdale was foremost with his invaluable aid. Throughout a number of years an active member of the Liverpool Microscopical Society, and during two years its President, he was deeply interested in a series of biological marine excursions first arranged by the Society three years ago. A Liverpool paper describes these excursions as having been very useful and enjoyable. It adds that "Dr. Drysdale's genial qualities, his great conversational powers, and his ever ready disposition to afford information, made him always welcome at these excursions. The most recent occasion on which he was with the marine biologists was on an excursion down to the mouth of the Dee. Among the party on board the tugboat, who came at the invitation of Sir James Poole, were a number of scientific men from Manchester, Warrington and other places in the district. The party engaged in dredging, and Dr. Drysdale gave a very able exposition upon the different scientific points elucidated by the investigators."

In one other direction Dr. Drysdale showed the keenness of his observation and his genius in inventing methods of meeting sanitary defects that came under his notice. In practice he had been struck with the imperfect methods of ventilating and warming private houses that prevailed everywhere. He therefore made a study of the subject of ventilation and invented a scheme of ventilating a house through the kitchen chimney by means of a syphon shaft and a foul air chamber, communicating with each room by means of a separate pipe. On this plan he built for himself a house at Waterloo, in the neighbourhood of Liverpool. Dr. Hayward, who worked with him in much of his *Materia Medica* studies,

also took an active interest in this subject, and six years after Dr. Drysdale's country house was built, erected one in Liverpool, ventilated and warmed on the same principles, into which he introduced certain important variations. In these innovations a good deal of interest was shown, resulting in Drs. Drysdale and Hayward publishing a joint essay on the general principles, and giving some of the practical details of the question. The title of this interesting and really important book was, *Health and Comfort in House Building; or, Ventilation with Warm Air by Self-acting Suction Power* (E. & F. Spon, Charing Cross, London).

Full of activity in adding to the sum of human knowledge in the science and art of medicine and in natural history, as the brief record we have given shows Dr. Drysdale's career to have been, many further illustrations of it might have been added. But enough has been written to show his incessant diligence, his earnestness in promoting what he believed to be truth, his constancy in the search for facts, the care and thoroughness which he bestowed upon everything he undertook. All this work it must be remembered was accomplished amid the anxieties and constant interruption incidental to a large and widely scattered, family and consulting practice without any of that leisure or those opportunities for observation and research at the disposal of the occupant of a professor's chair in a university or of the physician to a Metropolitan hospital. More, his literary and scientific work continued throughout his whole professional career, and was not, as is commonly the case, limited to the time when the physician is waiting for patients. From an early period his professional engagements were numerous and exacting. As a consultant his services were in almost constant request, not only in Liverpool but throughout Lancashire and in one or other of the adjoining counties, while the social claims made upon his time were by no means infrequent. His strong feeling of duty to his profession, his deeply rooted and large sense of the truth and value of homœopathy, and his love of scientific work for its own sake, were the *stimuli* that enabled him to accomplish what to most men would have been impossible.

His extensive practice was the result purely of the confidence inspired in him by a consciousness of his ability. He possessed none of the arts by which many large professional connections are made, he never resorted to any efforts to attract popularity, indeed towards what is termed popular medicine and popular expositions of therapeutics he had a perfect repugnance. Drysdale was a man whom to appreciate it was necessary to know, but when known he was ever very greatly appreciated. His manner to a new patient so far

from being attractive was frigid and often curt, and it by no means infrequently required a large measure of confidence in him for the new patient to remain under his care. But beneath his unemotional, undemonstrative appearance there beat as warm a heart, there existed as deep an interest in a patient's welfare as any physician ever possessed; it was not long ere the patient discovered this, welcomed a cheery smile from him, heard his kind, encouraging and hopeful words, and became fully impressed with his ability to supply such relief as medicine could afford. A confidence so produced rapidly passes into a feeling of attachment which nothing can impair. Hence it is that Dr. Drysdale's patients were so devoted to him, so full of admiration for him, and now so bitterly mourn his death. By his homœopathic colleagues in Liverpool he was revered and beloved. To a large extent he made their interests his own, and by referring patients living in their immediate neighbourhoods to them did much towards increasing their prosperity. Upon each one of them, and also upon the house-surgeons, who have successively held office at the Dispensary, he was never tired of pressing the importance of a careful study of the *Materia Medica* and of doing scientific work for medicine, while he was ever ready, not merely with words of encouragement to work, but with generous acknowledgment of good work well done. Of this he gave an illustration at the Congress dinner in London in 1884. When proposing the health of the President, Dr. Hayward, with whom he had been for many years closely and intimately associated in his *Materia Medica* studies, he said:—"I do not think that the *Materia Medica* could have been in its present position without Dr. Hayward's immense services in conducting the Hahnemann Publishing Society. There was no doubt that the work was better done than any business man or paid agent would have done it." We cite this passage as an example of his thorough appreciation of steady good work done for medicine by his immediate colleagues, of which many illustrations might be given. No one was further removed from the feeling of jealousy so often displayed by men who have the least cause for giving way to it than Drysdale was.

The loss of one so honourable and so generous, one so full of zeal for therapeutics, so earnest in promoting a knowledge of scientific truth, so successful a physician, is, to his professional colleagues, to all who appreciate the value of homœopathy and long for an extension of a knowledge of it throughout the profession, and to his patients, greater than can be expressed in words.

The remains of our deceased friend were interred on the afternoon of Tuesday, the 28rd ult., at Smithdown Road Cemetery, the first part of the funeral service being conducted

at St. Luke's Church, by the Rev. T. J. Madden. In addition to his widow and children, some of the senior members of the medical profession in Liverpool, together with all his own more immediate medical colleagues, several official representatives of the scientific institutions of the city, and many leading citizens were present, both in the church and at the graveside, to do honour to the memory of one of the most thoroughly scientific physicians who ever adorned the profession of medicine in the commercial metropolis of the west of England.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

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Communications have been received from Dr. COOPER, Mr. CROSS, Dr. PURDOM (London); Dr. STONHAM (Ventnor); Dr. HAYWARD (Liverpool).

BOOKS RECEIVED.

Electro-Diagnosis Chart. By Dr. H. W. Cardew. Philadelphia and London: F. A. Davis. 1892.—*Epochs in Medicine.* By J. C. Wood, A.M., M.D. Boston: White & Co. 1892.—*Sixth Annual Report of the Homœopathic League.* 1892.—*The Homœopathic World.* London. August.—*The Therapist.* London. August.—*The Chemist and Druggist.* London. August.—*The Monthly Magazine of Pharmacy.* London. August.—*The Palmist.* London. July.—*The Nurses' Journal.* London. August.—*Hamilton Association of Nurses. Report.* London.—*The North American Journal of Homœopathy.* New York. July and August.—*The Sydney Morning Herald.* June 27.—*The New York Medical Times.* August.—*The New York Medical Record.* July and August.—*The New England Medical Gazette.* Boston. August.—*The Hahnemannian Monthly.* Philadelphia. August.—*The Homœopathic Physician.* Philadelphia. August.—*The Homœopathic Recorder.* Philadelphia. July.—*The Clinique.* Chicago. July.—*The New Remedies.* Chicago. July and August.—*The Medical Advance.* Chicago. July.—*The Medical Era.* Chicago. August.—*The Homœopathic Envoy.* Lancaster. August.—*The California Homœopath.* San Francisco. July.—*The Minneapolis Homœopathic Magazine.* July.—*The Southern Journal of Homœopathy.* New Orleans.—July.—*Revue Homœopathique.* Brussels. May.—*Bulletin Général de Thérapeutique.* Paris. August.—*Médecine Hypodermique.* Sceaux. July.—*L'Union Homœopathique.* Antwerp. July.—*Leipziger Pop. Zeitschrift für Homöopathie.* August.—*Catalogue Mensuel.* J. B. Baillière & Fils. Paris. 1892.—*Rivista Omiopatica.* Rome. June.—*Gazzetta Medica di Torino.* July and August.—*Homœopathisch Maandblad.* The Hague. August.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

THE CHOLERA.

THE fear of an approaching epidemic of cholera will not have been an unmixed evil if it shall lead to the thorough over-hauling of all defective sanitary arrangements at our ports of entry, in our houses, with their adjuncts for the reception and removal of organic *débris*, such as dust-bins and drains, our streets and their sewers, our water supply, and the cisterns in which it is stored. The duties of public bodies and sanitary officers are manifold, and when adequately performed are well calculated to inspire confidence in our safety from zymotic disease; but the very best work of a sanitary authority may be rendered futile by neglect on the part of individual householders. Each member of the community is bound, in his own interest, and out of regard for the safety of his neighbour, himself to ascertain and to fulfil his personal duty in the matter of cleanliness in his house and all its surroundings. The sources from whence such knowledge may be obtained are numerous, and the instructions provided are simply worded and clearly given. The National Health Society, in Berner Street, provides cheap handbills giving information of this kind, and the College of Physicians has

published a circular of similar instructions. The possibility of an invasion of cholera has stimulated inquiry, stirred up that indifference to sanitary matters which is far too common in society, and the result of the excitement may well be not merely to prevent the development of an epidemic of cholera, but to diminish the scope for other zymotic diseases and to improve the ordinary health of individuals, rendering them better able to resist the inroads of all forms of acute disease.

To encourage the prompt adoption of sanitary measures by public bodies and householders, Mr. Ernest Hart, the chairman of the National Health Society, delivered an address *On Cholera and Our Protection from it* at the rooms of the Society on the 1st ultimo. An abstract of his remarks appears in the *British Medical Journal* of the 3rd of September. On points relating to the means necessary to prevent disease Mr. Hart is an authority, and speaks and writes with a thorough knowledge of his subject. If his etiological *theories* are expressed with a degree of confidence that they are *facts*, which is scarcely warranted, they constitute at any rate good working hypotheses. "Asiatic cholera," he said, "is a filth disease, which is carried by dirty people to dirty places." Whether this conveys the whole truth as to the origin of cholera, or whether it represents only one factor in the source of the disease, it is an hypothesis which may be accepted with the greatest advantage. It is on this theory of the origin of zymotic disease that the whole of our sanitation is based; and this sanitation is a great preserver of public health against diseases of all kinds, while it also increases our power to resist them.

After tracing the progress of the epidemic prevailing at Hamburg, and addressing himself to the possibility of cholera being met with in England, he says:—"In so far as we have made clean our water, our habitations, our soil, and our habits, have attended to the warnings of our British leaders of preventive medicine (who have spread this knowledge throughout the world), we shall be safe and we may be fearless; but we are not wholly clean, and, therefore, are not wholly without just fear and reproach." He then briefly alluded to our possessing "three lines of defence"—in our ports, in the Metropolitan Asylums Board and in the

vestries and local sanitary authorities of London; and having deprecated the "administrative disorder" which prevails among these latter, he spoke of "The Duties of the Citizen." We have already referred to these, but nevertheless quote Mr. Hart's words. "Keep your houses," he said, "your cisterns, your stables, your cowsheds, pigsties and slaughter-houses, your yards, your dustbins, yourselves and your clothing clean; and help your poor neighbours to do so. Boil your water, or drink a pure natural table water. Boil your milk (and here he gave an example of a well-defined cholera outbreak spread by contaminated milk). Inspect your fruit, fish and meat markets. Avoid unsound food and excesses of diet. Feed wholesomely the needy and destitute; help the poor to be as careful in their homes and habits as you should be in yours. As to contagion, in the ordinary sense, have no fear. Cholera is not 'catching,' like infectious fevers or measles or scarlatina. If you take cholera, it will be because yourself or those about you have made you liable to it by neglect."

This is excellent and useful teaching, but when Mr. Hart comes to tender advice as to the medicinal measures adapted to check an attack of cholera—when he refers to the power of drugs to control a fully developed well marked case of Asiatic cholera—his suggestions are not only without value but are mischievous, in so far as they taboo the only remedy which has proved efficient to prevent an attack being stopped at the commencement, and are calculated to inspire a degree of hopelessness and consequent depression in a patient and his friends, which experience has shown to be as unnecessary as it is undesirable. Sulphuric acid lemonade is, according to Mr. Hart, "a tried and sure preventive" of initiatory diarrhœa. The idea which seems to have suggested this medicine is that the cholera bacillus is favoured by an alkaline fluid, and does not live in acid media. On "camphor solutions," Mr. Hart said that no reliance could be placed. This is directly contrary to a large mass of thoroughly trustworthy evidence obtained during the epidemics of 1831-2 on the Continent, during those of 1849, 1854 and 1866 in this country, evidence which abundantly proved that at the outset of an attack of cholera no medicine that was prescribed more certainly

prevented its further development than did camphor, given frequently in small doses. "Many people," said Mr. Hart, "poisoned themselves with camphor during a late epidemic, as a precaution against cholera." This statement we believe to be a pure invention; we do so, because the records of medical literature do not—so far as a diligent search can discover—contain a single instance of *camphor* poisoning having arisen from the drug being taken for this purpose. That *camphor* is a poison we of course know; but so also is *sulphuric acid*. That, when taken in such quantities as a drachm of the powder, an ounce of the tincture or, as in the cases related by Dr. (now Sir George) Johnson at the Clinical Society some years ago, in doses of twenty-five drops of Rubini's saturated solution, twenty-four drops and a teaspoonful of the same—*camphor* will induce symptoms of poisoning is true enough; but such doses as these are far removed from any that a person who had sufficient sense to comply with the instructions accompanying a supply of *camphor*, given to check choleraic diarrhœa, would employ. If the use of *camphor* is to be stopped because it may be abused—if its therapeutic value is to be denied because it is a poisonous drug—the use of a large proportion of the drugs in the British Pharmacopeia should on the same ground be put an end to, and their remedial power declared to be *nil*!

It is difficult to credit Mr. Hart with sincerity in his denunciation of *camphor*. The fact of its having been introduced into practice by Hahnemann as a means for cutting short an attack of cholera, and of its having been largely employed for this purpose by homœopathic physicians, and that with a success that is notorious, sufficiently explains his *animus* against it.

In 1831, Hahnemann wrote as follows regarding cholera:—

"In the first stage *camphor* gives rapid relief, but the patient's friends must themselves employ it, as this stage soon ends either in death or in the second stage, which is more difficult to be cured, and not with *camphor*. In the first stage, accordingly, the patient must get as often as possible (at least every five minutes) a drop of *spirit of camphor* (made with one ounce of *camphor* to twelve of *alcohol*) on a lump of sugar or in a spoonful of water. Some *spirit of camphor* must be taken in the hollow of the hand and rubbed into the skin of the arms, legs and chest of the patient."—*Lesser Writings*, p. 846.

Used in this way, the testimony of medical men, clergymen, district visitors, nurses and of house-to-house visitors in a cholera district is unanimous that the power of *camphor* to check the onset of cholera is greater than that of any other measure hitherto proposed for this purpose.

“It is our firm belief, from all we have seen and heard, that *camphor* is an almost infallible remedy for cholera, if given at the very outset of the attack.” Such is the result of the experience Dr. Rutherford Russell gained in its use during the Edinburgh epidemic of 1848-9, as expressed by him in his *Treatise on Cholera* (Headland, London, 1849).

In Liverpool, during the same epidemic, two-drachm phials of *spirits of camphor* were given by the Dispensary Committee to 1,530 applicants. In his interesting record of the medical aspects of that epidemic *Brit. Jl. Hom.*, vol. viii.), the late Dr. Drysdale says that “in a discussion which took place in the Liverpool Medical Institution on the treatment of cholera, one member, who had been one of the house-to-house visitors, volunteered the statement that in his district, which happened to be the one in which the homœopathic dispensary is situated, he found many of the inhabitants provided with small phials of *tincture of camphor*, and that in a considerable number of cases well marked incipient symptoms of cholera had been checked by this *camphor*, administered according to the directions given along with it.”

The epidemic which prevailed at the East End of London in 1866 furnished abundant evidence of the power of *camphor* to control the early symptoms of cholera. As it is at the very commencement of the illness that *camphor* is useful, its administration is necessarily more or less domestic; the second stage is generally reached ere a medical adviser is called in and then *camphor* is of little service. Hence it is rather to clergymen, missionaries and district visitors who during an epidemic are constantly in and out of the houses of the poor, whether ill or well, than to medical men, that we have to look for evidence of its value.

In an interesting and instructive account of the mission work accomplished by the late Rev. C. F. Lowder of St. Peter's, London Dock, during the epidemic of

1866, when alluding to the *tincture of camphor* he writes, "When this was used in time, on the very first symptoms of the attack, it seldom failed to arrest the disease, of this we had numberless proofs, as there was no difficulty in giving it at once before the medical man was able to attend the case."

Mr. Lewis, a gentleman who devoted his time to visiting among the poor in Spitalfields, distributed among them several thousands of small bottles of *tincture of camphor*, together with printed directions for its use. When doing so, Mr. Lewis took the name and address of every applicant and subsequently visited him. "Wherever" he writes "it has been resorted to early, it has been successful."

Miss Lowe, a lady who went to reside in a cholera stricken district for the purpose of ministering to the wants of the poor, wrote:—"I have to express the deepest gratitude to Mr. Lewis for his invaluable gift of *camphor*. He has supplied me abundantly, and I feel that there is no remedy like it, when taken in time. The Bible-woman, labouring in Holywell Lane district under Mrs. Ranyard, has also been supplied, as a free gift by Mr. Lewis, and can testify to many wonderful instances of its power."

These good people, working hard among the poor, in a district overwhelmed with the epidemic, were prepared to use *any* remedy that proved *effectual*. Unlike Mr. Ernest Hart, they had no therapeutic doctrine to decry, none it was their interest, none they were committed to represent as being false. It will, perhaps, be urged by some cynically disposed persons, that they were mistaken in their diagnosis. But with cholera and diarrhœa all around them—with the symptoms so well marked as they are in these disorders—this is in the highest degree improbable. No! They tried *camphor* in cases over which Hahnemann had predicted its curative power more than thirty years before, tried it honestly, tried it simply, tried it extensively. They found it of service, and their results are, or at any rate ought to be, gratifying to every medical man and every philanthropist.

So far then from *camphor* solutions being unreliable in the hands of unskilled persons, it is chiefly, if not exclusively, in that stage of cholera which is more

frequently witnessed by medically unskilled persons—a stage which unless promptly aborted passes within two or three hours into the second—than it is by medical men, that *camphor* has been found to be so efficacious. So far from many people having poisoned themselves by using it as a precaution against cholera, not only is there no evidence that one person has done so, but there is overwhelming evidence that many hundreds of lives have been preserved by using it, and it is only too probable that many thousands more might and would have been saved by it but for the ignorant prejudice against the source from whence the knowledge of its power was obtained, which has been fostered by the College of Physicians, the British Medical Association and their representatives in the medical press.

“Once established,” Mr. Hart went on to say, “and in well marked cases of Asiatic cholera drugs will do little to cure. The mortality of cholera all over the world, and in all epidemics, had defied drugs—just as severe arsenical poisoning would do—and varied according to intensity and the age of the patient from 45 to 64 per cent.”

Happily this is far from being a true statement. Drugs, when properly selected and used, will do a great deal towards curing cholera. The mortality, instead of being necessarily from 45 to 64 per cent., ought rarely to exceed 26 per cent. Of course everything depends upon what drugs are used, the principle which dictates their selection, and the dose and frequency with which they are prescribed.

If, on the other hand, the treatment pursued is such as that which, according to the Vienna correspondent of the *Daily News* (Sept. 9), Dr. Wortmann, of that city, witnessed in Hamburg recently, there is nothing astonishing in a mortality of 64 or 70 or 80 per cent. Dr. Wortmann told the correspondent that “in all very bad cases the doctors infuse a solution of salt in hot water, the proportion being seven of salt to ten of water. A vein is opened in the arm or leg, and a needle introduced, through which rather more than two pints and a half of salt water, at a temperature of 120 degs., runs into the veins of the patients. It is most interesting to observe the effect of this injection, especially in young persons.

Where there was no pulse at all before the injection, the pulse returns as the salt enters the body, and in a very short time a patient who was quite senseless and prostrate revives most wonderfully. Unhappily, however, in many cases the reaction is almost as sudden. These and morphine injections, warm flannels, and plenty of mineral water is all that can be done for the patient."

Again, when *opium* forms a part—as it does in nine tenths of cases—of every prescription, so considerable a mortality cannot create surprise. *Opium* is, before all things, a paralysing drug. A patient under the influence of *opium* is, by it, deprived of a large proportion of nervous energy in his struggle with disease. Sir George Johnson, who is the author of what is known as the "castor-oil treatment"—a method which, by the way, is roughly homœopathic—has, in his *Medical Lectures and Essays*, adduced abundant evidence to prove that "the repressive treatment of choleraic diarrhœa by *opium*," so far from staying the further progress of the disease, often tends to prolong the diarrhœa and frequently leads on to collapse. In a recent letter to the *Lancet*, Sir George points out that both Dr. Koch and Dr. Neil Macleod failed to produce cholera in guinea pigs by introducing the cholera bacillus into the stomach, *unless* they at the same time injected *opium* into the peritoneal cavity, and *then* fatal cholera ensued in 68 out of the 89 guinea pigs experimented upon. Thus in adopting the repressive *opium* treatment, medical men are imitating, upon the human subject, the fatal experiments of Koch and Macleod upon guinea pigs. *Opium* encourages mortality, tends to prevent recovery, and to produce consecutive fever. Nevertheless, it forms a part of nearly every anti-cholera and every anti-diarrhœa mixture prescribed by physicians, dispensed by general practitioners, or sold by druggists! It is not the mortality of cholera which has defied drugs, but it is the antipathic drugs that have defied recovery from cholera.

That such drugs as *copper*, *veratrum* and *arsenic*—drugs which are strikingly homœopathic to the stages of cramp and diarrhœa and to that of collapse—are useful, do promote recovery, has been proved over and over again.

It was by the use of these and similar remedies, that the mortality in Edinburgh in the epidemic of 1848-9

among the patients who received medical help from the Edinburgh Homœopathic Dispensary—236 in number—was only 24.16, while the deaths from the 876 cases, occurring during the same period in the same city and among patients of precisely the same class, treated with drugs such as Mr. Hart says the mortality of cholera defied, was at the rate of 62 per cent.

In Liverpool, during the same epidemic, out of 175 cases, 45 or 25.7 per cent. died; the cholera mortality throughout the city being stated by the Medical officer of Health (Dr. Duncan) to be 46 per cent.

In 1854, a Committee was appointed by the President of the Board of Health for the purpose of making scientific enquiries in relation to the cholera epidemic of that year, the report of which was presented to both Houses of Parliament by command of Her Majesty. This Committee, or Medical Council, issued forms for recording the observations of all qualified practitioners on cases coming under their care; the object of these returns being to provide material for determining the laws which regulate choleraic disease, and the effects of the different systems of treatment then in use.

At the time that the epidemic prevailed, the London Homœopathic Hospital occupied the premises in Golden Square, now used for the purposes of the Throat Hospital. This was the centre of the area where the disease was most intense and destructive. The Board of Management at once discharged all ordinary patients and reserved the whole of their limited accommodation for the reception of cholera cases. Into the hospital 33 cases were received; 23 of them passed into a state of collapse; in 5 the consecutive fever of cholera occurred; 25 patients recovered; 7 died, and one was removed by his friends soon after he was admitted. In addition to these, 28 cases were attended by the visiting medical staff, of whom 13 passed into a state of collapse; in 3 consecutive fever occurred; 23 recovered; 3 died, and in two instances the further services of the medical attendant were declined before any result was arrived at. In the month of September, during which nearly the whole of the 33 patients were received, the mortality from the epidemic was at its height.

Although this was the only medical institution in the district exclusively devoted to the reception of cholera

patients, the medical inspector appointed by the Board of Health for the district so neglected his duty that he never entered the hospital. The medical officers, however, determined that their work should be watched by a medical inspector, and invited Dr. Macloughlin, the medical inspector of Stepney, Poplar, St. Andrews, St. Giles, and St. George's, Bloomsbury, to inspect the wards, see the patients, and watch the effects of the treatment adopted. This he did, and four or five months later addressed a letter to Mr. Hugh Cameron, one of the surgeons to the hospital, describing the results of his observations. In this letter Dr. Macloughlin says :

“ You are aware that I went to your hospital prepossessed against the homœopathic system ; that you had in me, in your camp, an enemy rather than a friend, and that I must therefore have seen some cogent reason there, the first day I went, to come away so favourably disposed as to advise a friend to send a subscription to your charitable fund, and I need not tell you that I have taken some pains to make myself acquainted with the rise, progress and medical treatment of cholera, and that I claim for myself some right to be able to recognise the disease, and to know something of what the medical treatment ought to be ; and,

“ That there may be no misapprehension about the cases I saw in your hospital, I will add that all I saw were cases of true cholera in the various stages of the disease ; and that I saw several which did well under your treatment, which I have no hesitation in saying would have sunk under any other.

“ In conclusion, I must repeat to you, what I have already told you, and what I have told everyone with whom I have conversed, that, although an allopath by principle, education and practice, yet was it the will of Providence to afflict me with cholera, and to deprive me of the power of prescribing for myself, I would rather be in the hands of an homœopathic than an allopathic adviser.”

The forms issued by the Medical Council of the President of the Board of Health were duly filled up by the medical staff of the hospital and forwarded to the committee, but no notice was taken of them by the treatment committee in their report, and consequently they were omitted from the Return presented to Parliament. Therefore Lord Robert Grosvenor (now Lord Ebury) moved in the House of Commons for “ Copies of any letters, which have been addressed to the General Board of Health, complaining of the omission of any

notice of certain Returns in relation to the treatment of cholera, which returns were sent to the General Board of Health, in pursuance of a Circular dated September last, and issued by the Board ; and of any correspondence which has passed between the President of the Board and the Medical Council ; together with copies of the returns which have been rejected by the Medical Council."

This return was ordered and made. It commenced with a letter signed by the late Mr. Ralph Buchan, the Honorary Secretary of the Homœopathic Hospital, addressed to the President of the Board of Health, describing the arrangements made at the hospital for caring for cholera patients, and the results of the work done there. Mr. Buchan also complained that, in the Report presented to Parliament, it was stated that the whole of the returns made to the Board of Health had been carefully analysed, a statement which, he said, was at variance with the fact that the returns from the London Homœopathic Hospital were delivered at the office of the Board of Health and yet remained unnoticed. "The Board of Management," he continued, "conceived that they had just cause of complaint that their labours in the cause of the indigent sick in that district of the Metropolis which had been the most severely affected by the epidemic had been thus entirely ignored."

Then followed an extract from Dr. MacLoughlin's letter to Mr. Cameron, and an acknowledgment from the assistant secretary of the receipt of Mr. Buchan's letter and enclosing copies of a correspondence between the secretary and Dr. Paris, the President of the College of Physicians. Dr. Paris excuses his Committee from not including the omitted returns by sending a copy of a resolution unanimously passed by the Treatment Committee : "That by introducing the returns of homœopathic practitioners, they would not only compromise the value and utility of their averages of cure, as deduced from the operation of known remedies, but they would give an unjustifiable sanction to an empirical practice, alike opposed to the maintenance of truth, and to the progress of science."

In short there was "one direction in which the Committee would not look, one answer that they would not receive from nature." To describe homœopathy as an "empirical practice alike opposed to the maintenance

of truth and the progress of science," was simply to demonstrate Dr. Paris' entire ignorance of the subject; and to show that the object of the research he had engaged in was, not the discovery of truth, but the maintenance of his preconceived notions as to remedial measures.

A return showing a mortality of only 16.6 per cent. compared with that following the putting in practice of methods of prescribing which were in harmony with the views of Dr. Paris and the Treatment committee, a mortality four times as great, was a return which Dr. Paris and his colleagues would do anything rather than publish, even to the extent of asserting in their report to Parliament that they had carefully analysed the whole of the returns sent in to them—well knowing that they had not done so.

Evidence of the same kind might readily be adduced proving the same facts, facts which contradict, emphatically contradict, Mr. Hart's assertion that drugs can do little or nothing to promote recovery from cholera, and that the mortality from the disease is necessarily from 45 to 64 per cent. On the contrary drugs selected on a scientific basis can do a great deal, and were it not that cholera finds its victims so considerably among the drunken and the destitute they would, when homœopathically chosen, do a great deal more than they have hitherto been found to do. Of the 236 patients attended by the medical staff of the Edinburgh Homœopathic Dispensary, 183 were found to be temperate, and showed a mortality of 20 per cent., while of the 53 intemperate, 34 in number or 35 per cent. died.

Neither is the mortality necessarily such as Mr. Hart represents that it must needs be. This we have proved fully. Mr. Hart and others like him must understand where and where only they can look for drug agencies in order to reduce it to 17, 20 or 25 per cent., but to homœopathy—the only source—they will not look. Cholera patients may die but their lives must not be preserved by physicians resorting to what Dr. Paris ignorantly termed "an empirical practice." The results which have followed the adoption of this so-called empirical practice they ignore; to examine its results with an honest desire to ascertain the truth has been regarded as an

offence ; to be guided by the lessons such results teach is in high quarters esteemed little less than a professional crime. Hence it is that the mortality of cholera continues to defy drugs !

But we have a certain amount of evidence that an appropriate drug can do yet more to ensure safety for individuals during an epidemic of cholera. Hahnemann in his first paper on cholera, (1831) pointed to *copper* as being, from the similarity of the symptoms of its poisonous action on the body to those of the condition constituting cholera, a prophylactic to the disease. He advised the occasional taking of an infinitesimal dose of this metal during an epidemic. In a note to this paper he states :—"It has been found in Hungary, that those who wore next the skin a plate of *copper* were exempt from infection, as trustworthy intelligence from that country informs me." This is the first mention made in medical literature of *copper* being so used ; the action of the acid in the perspiration acting chemically upon the metal, enabling a salt of copper to be formed and absorbed in a sufficient but non-injurious quantity. Since that time similar observations on the protective influence of copper have been repeatedly made, as for example by Dr. Burq, of Paris forty years ago. At the Paris International Congress of Hygiène in 1878, Dr. Burq referred to his researches, twenty-five years previously, which proved to him the immunity from cholera possessed by workers in copper, and said that where the question had been investigated by other observers, the same result had been arrived at. He also traced the preservation of Augbagne between Toulon and Marseilles, through every epidemic of cholera to the fact that the large quantity of copper employed in the potteries surrounding the city produced as it were a rampart of copper-laden dust.

Dr. Clapton, formerly physician to St. Thomas's Hospital, read a paper in 1869 before the Clinical Society, in which he gave the results of a wide series of enquiries into the health of workers in copper during the epidemics of cholera. He found the men engaged in various copper works in London had always escaped cholera, and even choleraic diarrhoea, although their neighbourhoods suffered severely during the great epidemics. Dr. Leeson,

at the same meeting, stated that in 1832 there was no cholera among the verdigris workers in Deptford.

M. Jousset, of Paris, during an epidemic at Charroux, in Austria, employed plates of copper to protect his patients, and, as he says, with very good results. (*L'Art Medical*, 1880).

M. Mailhet, a French physician practising in Japan, recommended the "copper girdle" during an epidemic of cholera in that country in 1880, and among the 47 severe cases that came under his notice there was not one wearer of the girdle.

M. Moldini states that during the 1854 epidemic in Paris, he saved the lives of many soldiers in garrison in that city by causing them to wear plates of copper next the skin, and administering to them a few drops of *salts of copper* in solution every morning and evening. Dr. Raymond, at Gallipoli, adopted the same practice, with complete success. Evidence of the efficacy of any measure employed in the prevention and treatment of cholera in India is especially valuable. The editor of *The Calcutta Medical Journal* (1869) mentions, on the authority of a deputy inspector of schools in Calcutta, an instance where the head master of a school, in a district where cholera frequently prevailed, had induced a number of people to wear a copper *pice* next to the skin. Two epidemics occurred in this district in the course of five years, and not one person wearing the *pice* was affected.

The fact that copper is thoroughly homœopathic to the second stage of cholera, the fact that workers in copper have uniformly, so far as researches up to this time have ascertained, passed unscathed through an epidemic prevailing around them, the fact that a number of competent observers have found that persons wearing copper next to the skin escape from attacks when their neighbours, unprotected by this metal, fall victims—justify us abundantly in urging all persons to avail themselves of this very harmless and, at the same time, hopeful means of preserving themselves during an epidemic.

The College of Physicians have, during the last month, issued, at the request of the President of the Local Government Board, a circular of instructions for the

management of health in view of the prevalence of diarrhoea and cholera. With regard to the management of health this circular, signed by Sir Andrew Clark and Dr. Allchin, gives the following very useful hints for the guidance of the people among the middle classes, though they are scarcely adapted for the poor and destitute, among whom cholera generally, but not exclusively, prevails.

“1. As cholera is not in the ordinary sense of the term contagious, as it is rarely, if ever, communicated, like small-pox or scarlet fever, directly from person to person, as it is probable that those engaged in attendance upon patients suffering from this malady are not more liable than others to become attacked with it, and as it is certain that physical and moral depression favour the reception and development of the disease, apprehensions should be allayed, confidence encouraged, and that manner of living pursued which experience has proved to be conducive to the highest health.

“2. The house should be clean, light, thoroughly dry, and well ventilated. Air shafts, traps, and drains should be in perfect working order. Dustbins should be frequently emptied, and no decaying matters of any kind should be permitted to remain in or near the house. Cisterns, reservoirs, casks, jars, and pipes used in the preserving, carrying, or transmitting of water should be frequently inspected and carefully cleansed. All connections of waste pipes with drains should be severed.

“3. As water is one of the chief agents by which choleraic infection is conveyed, all water employed for personal or domestic use in the household should be scrupulously protected from contaminations of every kind; and if any doubts of its purity arise, the water should be boiled, filtered, and consumed within twenty-four hours. Boiled and filtered rain water is probably the best of all waters for use at this time.

“4. The dietary should consist daily of three or four simple but nourishing and ample meals taken at regularly recurring times. The meals may consist of any sort of animal food, fresh and thoroughly cooked, of bread, potatoes, well-boiled green vegetables, if they agree, and of plain farinaceous puddings, or of simply cooked and wholesome fruit.

“Milk should be boiled before use.

“Alcoholic beverages should be taken in great moderation, and only at the greater meals, such as at dinner and supper.

“It is desirable to avoid soups, tinned or otherwise preserved provisions, raw or stale vegetables, unripe, overripe, or decaying fruits, pastry, cheese, nuts, hard or indigestible things of every kind, malt liquors turning ‘hard,’ ginger beer, strongly ascendent sparkling wines, coarse oatmeal gruel,

messes between meals, and either long fasts or too frequent feeding.

“ 5. All provisions should be procured fresh and fresh, but when some storage is unavoidable the most scrupulous care should be taken to protect them from contamination by impure air or water.

“ Cooking utensils should be scalded after use and kept carefully clean.

“ 6. Avoid the use of strong aperients, and especially of strong saline aperients. If there is obstinate constipation, take at bedtime either a teaspoonful of Gregory's powder or one or two teaspoonfuls of castor oil.

“ 7. Avoid excess and irregularities of every kind, over fatigue, prolonged watchings, emotional excitements, undue mental strain, and all such things as irritate and exhaust the nervous system.

“ Especially avoid the frequent use of alcoholic or of any stimulants to cover recurring sensations of sinking, malaise, or depression.

“ 8. Take moderate exercise, twice daily; follow early hours; and aim at leading a regular, an occupied, and a tranquil life.”

The medicinal instructions which follow are of little or no value. They consist chiefly of suggestions to check diarrhœa with *castor oil*, or with a hot water enema to which has been added *benzoate of soda* and *laudanum*; and then one or other of two prescriptions of a somewhat modified form of the old fashioned anti-diarrhœa mixtures. They have the advantage over these of omitting *opium* and of containing *camphor*. They are, however, strictly antipathic and palliative, rather than specific and curative, and are therefore far less reliable than the medicines we have referred to as having been found so useful in so large a proportion of instances.

In conclusion, experience gained in cholera epidemics, has shown :—

(a) That the risk of a visitation may be reduced to a minimum by perfect public and private sanitation.

(b) That, during the time of an epidemic, individual protection may be further secured by wearing a piece of copper next the skin, or by taking daily a small dose of one of the salts of copper.

(c) That in the event of an attack of cholera commencing with sudden vomiting and purging, general chilliness and sense of faintness, pain in the stomach and slight cramp, a couple of drops of the *spirits of*

camphor taken every five or ten minutes, will in two or three hours usually put a stop to it, leaving the patient suffering from nothing more serious than weakness.

(d) That in the fully developed form of the disease, when the purging and vomiting are especially prominent, *veratrum* will be the most suitable remedy, when, together with these symptoms, the cramps in the abdomen and limbs are excessive, then *copper*—the *acetate of copper* being preferable—will be most effective, while in the state of collapse there is no medicine that has established so great a claim to our confidence as *arsenic* has done. These remedies should be given in drop doses of the 2nd or 3rd decimal dilution, every ten or fifteen minutes.

The general management of a patient demands the utmost care and attention. Perfect quietude, a well warmed room, hot bottles applied to the sides of the body and feet, gentle stroking or rubbing—"massage"—of the parts affected with cramp, frequent but moderate draughts of cold water, are all of the greatest importance in promoting recovery. It is, Dr. Russell says—and Dr. Drysdale fully endorses the caution—"of great importance that the patient abstain from all food. Not unfrequently when the reaction sets in, there is a craving appetite, and as everything seems going on favourably the physician is apt to indulge the patient's desire for something to eat. In repeated instances we have seen sudden relapse follow upon eating, and in our opinion, it is of the greatest consequence to give no food at all, nothing but cold water till the second or third stage be past. They seldom last above forty-eight hours, and the patient runs no risk of being kept upon a water diet for that time; and after recovery has begun, the most extreme care is necessary in diet." This should consist of such food as boiled milk, thickened with rice flour, baked flour, or biscuit powder; of tea made with boiling milk infused about five minutes, and having toast, biscuits, or rusks soaked in it; of farinaceous puddings of the nursery sort; of any kind of gruel, except that made with coarse oatmeal. No stimulants should be given until reaction has so far advanced as to admit of food being taken, and then the irritability of the stomach appears to be relieved by the addition of a little wine to the arrowroot. Dr. Drysdale

thinks—though he had not tested the value of the idea sufficiently to express a decided opinion—that the restoration of certain constituents of the blood, which are lost during cholera, may be assisted by giving a cheap and easily procurable natural product such as whey, which contains all the salts of the blood and in very nearly the proportion contained in the cholera evacuations.

While we believe that, at present, there is but little cause for anticipating an epidemic of cholera in England, we feel perfectly confident that by the adoption of those measures which, as we have shown, have proved singularly effective in controlling the disease during former visitations, there is not the slightest excuse for that fear of an attack, or of fatal results ensuing when one has occurred, which has hitherto had so powerful a hold on the public mind.

OUR PROGRESS AND OUR AIMS.*

By S. H. RAMSBOTHAM, M.D., Edin.

To you, my colleagues and fellow-workers, I desire in the first place to offer my sincere and heartfelt thanks for having bestowed upon me the highest honour in your power, in electing me to fill the post of President of our Annual British Homœopathic Congress. So far am I conscious of my own unworthiness of such an honour, that I am constrained to regard it as having been bestowed not so much on me personally, as through me on one whose name I bear, one who was distinguished by his enthusiasm even among that band of earnest workers who, half a century ago, by their skill in applying to the treatment of disease the weapons provided by the then novel creed, as well as by the determination with which they repelled the attacks of an overbearing opposition, made homœopathy what it is to-day, a power and a reality in this country.

Of that gallant band a few are happily still with us, but only a few. One or two more or less actively engaged in practice, one or two enjoying the leisure of a well-earned retirement, are all we can count as having

* The Presidential Address at the British Homœopathic Congress, held at Southport, 22nd September, 1892.

escaped the ravages of time, and the one event which cometh to all men. We meet to-day under the shadow of a heavy cloud. We miss the familiar presence of Dr. Drysdale, one of our oldest and most trusted leaders, a man whose acute intellect, varied knowledge, and clear judgment must have brought him to the front of whatever profession he might have adopted. Choosing that of medicine, he was led to investigate homœopathy when that system was comparatively in its infancy; and having satisfied himself of its scientific truth and practical value, he was speedily recognised as one of its ablest and foremost representatives. Were I to try and sum up in one sentence the work of his life, I would say that it had been one consistent endeavour to present the principles he held in such calm, sober, and scientific aspect as might best win for them that attention from the members of his own profession which he felt they deserved. For us who are present to-day, his death has a special sadness. Since their revival in 1870 he has been one of the most regular and zealous attendants at our annual Congresses; and, notwithstanding the pressure of ill-health, he had up to a recent date purposed to meet us here, and take part in our proceedings, when doubtless his ready aptitude and solid good sense would again have made his contributions to our discussions as interesting, instructive and welcome as they always have been.

Since our last meeting we have also lost Dr. Drury, who, if he cannot be reckoned among the earliest pioneers of homœopathy, took no unimportant share in the work needful to establish it on a firm and enduring basis; Dr. Roth, perhaps better known for his successful adaptation of gymnastics to medical use, and his furtherance of sanitary and other reforms affecting the public health, than for the allegiance to homœopathy which he consistently professed; Dr. Blyth, for so long a time the staunch upholder and successful exponent of our principles in Dublin; and my own more immediate neighbour and friend, Dr. Clare, who though not occupying so prominent a position as the others I have named, will be not the less missed in his own sphere, because his work there was quietly and unobtrusively done.

And outside the ranks of our own profession we have been called to suffer an unusually heavy loss by the death

of Major Vaughan Morgan. Cognisant in his own person of its benefits, he grudged neither time money nor labour in the endeavour to make homœopathy more widely known, and to render it more readily available for all, especially for the poorer classes. And though he is no longer among us, his work remains, and he leaves both in the London Homœopathic Hospital and the Eastbourne Convalescent Home lasting evidence of his remarkable munificence energy and forethought, and an incentive to others to take up and follow out the work in which he found alike his happiness and his reward.

Much, however, as such losses are to be deplored; fitting though it be that we should render due honour to those into whose labours we have entered, I do not stand here merely to pronounce a panegyric upon the past.

Notwithstanding constant changes in its constituent parts, the corporate no less than the individual body has a continuous life. Your presence here to-day is evidence that you are members of the same body of which these men once formed part; that you are striving after the same ends, are animated by the same hopes, are carrying forward the same work. And as in the individual so in the corporate body, these changes ought to be associated with growth and progress, for once the changes of development cease the changes of degeneration speedily appear. How important then does it become that we should from time to time submit ourselves to a process of self-examination, and investigate intelligently the evidences of progress, scan closely its path, and note carefully whither it is leading us.

For such examination our annual Congress affords an excellent opportunity. And as I cannot claim to address you as one of your leaders, who might have some new discovery to announce, or some new light to throw upon old facts, I must bespeak your patience while I endeavour to trace the evidences of progress which the year affords, and ascertain in which direction our aims for the future should tend.

In estimating our progress I do not desire merely to refer to the recruits who are coming in to fill the vacant places, or simply to the counting of heads and ascertaining if our present *Directory* contains more or fewer names than that which preceded it. These are no doubt important matters, and gains in this direction are not to be

overlooked or lightly esteemed ; but fluctuations in our numbers may from time to time occur without permanently affecting our position or progress. I pass by also the evidence which might be obtained from our current magazine literature, not because it is insufficient, but because from its very nature it has an ephemeral character. We bind our magazines in volumes, and give them a place on our shelves ; we possibly note their articles in a commonplace book, and annotate our *Repertories* and *Manuals* with references to their pages ; but with all this acknowledgment of their value, I doubt if we accord them quite the same place in our estimation which we give to systematic treatises, or to monographs on special subjects which appear with less frequently recurring regularity.

Two works of this latter class which have been published during the past year illustrate very pointedly alike our position and our progress.

First and foremost comes the *Cyclopædia of Drug Pathogenesis*, which has appeared in its completed form since our last Congress. A monumental work indeed ! The result of seven years labour, not of one man only nor of two, but of many, alike in the Old and in the New World. This is neither the time nor the place for criticism ; it must suffice to point out how decisively these plain records confirm our present position in the therapeutic use of drugs, and how clearly they indicate the line of advance in this direction by the suggestiveness with which they oft-times point to hitherto untried applications of some of our remedies.

Secondly, the staff of the London Homœopathic Hospital have this year followed for the first time the example set by the medical officers of some older institutions, and have issued a volume of *Reports*, which advances our position almost as much as the *Cyclopædia* strengthens it. The studies in *Materia Medica* and *Therapeutics* which it contains are conclusive evidence on this point ; and one reproach at any rate which used to be levelled at us is here let us hope fully and finally disposed of, viz. : that in the ardour of our pursuit of medicinal therapeutics we were apt to neglect or to minimise the advantages of surgery. Indeed, it would almost seem as if the swing of the pendulum had gone to the other extreme, and allowed surgical enthusiasm to thrust into

the background the one specialty our Hospitals can claim, their systematic use of the therapeutics of homœopathy. I welcome with great pleasure the appearance on our programme for to-day of a paper dealing with surgery in its relation to our therapeutic methods, because I have long thought that surgery afforded us a magnificent vantage ground whereon to lengthen our cords and strengthen our stakes. Its diagnosis needs not to wait for confirmation till the *post mortem* table is reached; its procedure for dealing with the manifestations of disease is most direct, and its results are obvious to the unprofessional as well as to the professional eye. How striking then would be the evidence we could adduce in favour of homœopathy if we could show that the medicinal treatment in our hospitals gives appreciable assistance to the skill of the surgeon, by putting the patient into the best possible condition to undergo an operation; by promoting recovery from its immediate shock, and by shortening the period of convalescence; and still more, by averting altogether, or nullifying when they threaten, those disastrous *sequelæ* which are so apt to follow the best-devised surgical procedures, and which neither consummate skill nor watchful care have hitherto been able entirely to prevent.

It has been shown in the past that it is possible for medicines, administered in accordance with what we deem a rational system of therapeutics, to obviate in some instances the necessity for surgical interference; may we not now turn our attention to another portion of the same field of enquiry, and aim at demonstrating the power of medicines to influence favourably the result of cases in which recourse to operation has been a matter of necessity, and endeavour to remove that indifference to medical treatment which seems so deeply rooted in the surgical mind?

The publication of these two works marks an epoch in our history. You will the more readily appreciate this statement if you will carry back your thoughts to the days of which I have already spoken, the early days of homœopathy. Then each new convert was impelled to put on record the reasons for his change of opinion, hoping that he might possibly induce others to follow his lead; not infrequently roundly abusing those who were unable to see as he did. These early converts

made great sacrifices for their faith ; they lost the fellowship if not the friendship of those who could not follow them ; they lost the help and advice from colleagues which they had heretofore obtained in matters of difficulty ; they very frequently lost at the outset alike their position and their patients. Is it to be wondered at if those who thus suffered for conscience sake should sometimes hit hard in the *melée* with their opponents ? The penalties they suffered would have quenched utterly any mere 'pious opinion' as to the merit of one system over the other ; these men must have been inspired by a very firm belief in the truth of the principles they had adopted, a belief which led them to despise persecution, and go forth to revolutionise the world, animated by all the bright hope, the resistless energy, the boundless enthusiasm which characterise the period of youth.

Compared with them, do we not seem to have settled down into a decorous middle age, when we have laid aside schemes of conquest, have marked out the bounds of our habitation, and given ourselves up to the tilling of our fields ; content if we can gather a more plenteous harvest from the old soil, happy if we can add a rood on this side or an acre on that to the ground we have already gained ? Possibly, too, we have learned a needful lesson, and realised that controversy will neither conciliate nor convert our opponents. Think how little has been gained by the two chief controversial discussions of late years, in which we have been permitted to bring our opinions fully and fairly before the public, professional and lay, and to answer the objections offered. The discussion which followed the death of Lord Beaconsfield was carried on in professional as well as in lay journals, letters from both sides were admitted and commented on in editorial leaders, but it was not followed by any appreciable addition to our numbers ; and that which a few years later appeared in the columns of the *Times* under the title of 'Odium Medicum,' had no better success ; neither of these wordy battles has had anything like the effect in advancing our cause which was not unnaturally hoped for. Indeed, the quietude and abstinence from controversial writing, which now obtains among us seems almost to have lulled our opponents into the belief that homœopathy is extinct, that no true homœopaths now exist. The works

we have been discussing are direct evidence to the contrary: they are the outcome of a true life, they are animated by a living spirit. None but true homœopaths, with a firm and earnest belief in the principles they profess, would have undertaken the labour of compiling the *Cyclopædia*; and neither it nor the *Reports* would much advantage anyone consulting them for therapeutic purposes who was a disbeliever in the homœopathic law.

But if it be true that we have arrived at a period of middle age, to what further development can we look forward? Are we to expect that homœopathy will follow that uniform course of rise progress and decay which history teaches us has hitherto been followed by systems of medicine no less than by nations, by single remedial measures no less than by individual men? Or is there something peculiar in homœopathy which will exempt it from the action of this hitherto invariable law? At present there are no signs that we are entering upon the third of these stages.

One fact, indeed, the falling off in our numbers, has been adduced as evidence of decadence, but that is susceptible of another explanation. Is there not, think you, a shrinking on the part of some from the open and avowed adoption of opinions which are held blameworthy by the majority of the members of the profession to which they belong, especially when such an avowal would put an end to all prospect for them of professional advancement? True, such an explanation somewhat detracts from the high standard of honour supposed to be characteristic of the medical profession, and is not flattering to the susceptibility of that minority which has not shrunk from the public avowal of its opinions; but whose fault is it that such an explanation is possible, and is not the line of conduct which it indicates to some extent excusable? There is high authority for the assertion that it is not good for man to be alone; and the ostracism which shuts a man off entirely from professional, and to some extent from social, intercourse with his fellows, and throws him back entirely upon himself and his own resources, is not, cannot be, good either for his intellectual or his moral nature.

Indeed, this diminution in our numbers points not so much to the decadence of homœopathy as to a leavening of the general body of the profession with its principles.

Signs of such a leavening are discernible.* Who among us does not know some one or more men who are homœopaths in all but the name? Who can have failed to observe the frequency of the adoption by the old school of drugs which have either been introduced into the *Materia Medica*, or rescued from oblivion and undeserved neglect by homœopaths? This open and undisguised transference must have been brought under the notice of even the most inattentive observer, by the circulars of various drug-dispensing firms, even if he has never dipped into the pages of *The Extra Pharmacopœia*, and has refrained from perusing any contemporary literature save that which emanates from our own side. Were we to fix our attention solely on signs such as these we might be tempted to imagine that the leaven was working rapidly, that the approximation of the discordant elements was becoming very close, that the re-union of the two schools was near at hand. But when we see this measure of free trade accompanied too often on the part of the consumer by a contemptuous ignoring of the producer, by a careful concealment of the source whence was derived the knowledge how to use the material thus 'conveyed,' or even by positive assurances that the source was not a tainted one, such imaginings are apt to receive a rude shock.†

* While these pages were passing through the press I received so apt an illustration of this leavening process from Dr. Bryce, of Edinburgh, that I obtained his permission to mention it. Learning from a patient who consulted him for indigestion and insomnia that he had been under the care of an allopathic practitioner in the South of England, he not unnaturally desired to see the prescriptions which had been given; when with equal amazement and amusement he found the insomnia had been treated by *coffea cruda* 3, and the indigestion by *nux vomica* 6. One wonders if his very peculiar form of orthodoxy permits this gentleman to join his brethren in abusing homœopaths and their dilutions!

† The latest instance of this unacknowledged 'conveyancing' which has come under my notice is too amusing to be passed by without remark. In an article on 'The Cholera Scourge,' which appeared in the *Yorkshire Post* of 30th August last, 'Plain Medical Advice' was given both as to preventive and remedial measures, Cassell's *Family Physician*, Longman's *Dictionary of Medicine* (edited by Sir R. Quain) and Macnamara's *History of Asiatic Cholera* being quoted as authorities. The remedial measures recommended are, to 'give four drops of essence of *camphor* every ten minutes for an hour, or until there is some improvement;' with the addition that 'in the later stages of cholera, when there is much collapse, *arsenic* may advantageously replace *camphor*.' The very treatment which in 1854 the Royal College

It is only too evident that the prejudices entertained by the fathers have been transmitted to the children. Personal kindness and courtesy from individual members of the profession we may and do meet with; at any rate I should not like to think that my experience has been an exceptional one. And I am glad to be able thus publicly to acknowledge not only the kindness and courtesy, but the help extended to me by my brethren of the older school, more especially in cases requiring surgical aid, so far as that help could be given without infringing the letter of the law laid down in the rules of that gigantic Trades Union the British Medical Association. But, nevertheless, the fact remains that the weight of professional opinion is against us, that the majority of medical men refuse to-day, as they did in Hahnemann's day, to make any enquiry into the value or worthlessness of the claims put forward on behalf of homœopathy. They simply ignore those claims, and if they do not openly rail at them and at us, they pooh-pooh them and pass by on the other side.

The time has probably gone by when it could be said, as was said thirty years ago by a then leading consultant in the North of England, that 'homœopathic practitioners were knaves and their patients fools;' but the spirit which dictated that remark is by no means dead. Instances of that spirit are familiar to all of us. I call to mind at once two cases of recent occurrence in my own neighbourhood, in which men who had for years practised their profession with acceptance under the eyes and with the assistance of their former teachers and fellow students, were strictly boycotted so soon as suspicion of any dealings with the unclean thing fell upon them, and I doubt not you can all easily recall incidents of a like nature.

But if the other side are holding aloof, what are we on our side doing to promote re-union?

We have never taken any steps to separate ourselves

of Physicians tried to burke, by refusing to class the returns of those who had adopted it along with the medical returns prepared by order of Parliament and presented to the House of Commons, fearing—probably with justice—that it 'would compromise the value and utility of their averages of cure,' is now put forward authoritatively, but without acknowledgment of its source, as *the* treatment of cholera.

from the general body of the medical profession ; we have not sought to set up rival schools, or to grant rival diplomas ; we obtain our qualification to practise by passing the same examinations and by obtaining registration on the same terms as every other medical man in the Kingdom ; there is, therefore, no schism on our part which needs to be healed as a preliminary measure before re-union can be effected. But we are probably not prepared to abandon the principles we hold, to admit that we have all along been in the wrong, and to sue for peace to those who by such an admission would at once be placed in the position of conquerors dictating terms of peace. And if we are not prepared thus to make submission, neither ought we to expect the other side to allow that we have been in the right, that their implacable opposition has not been justified, and leave us masters of the situation by asking us to return within the fold. But may it not be possible, without waiting the issue of a struggle in which neither party can expect to win a complete victory, to find some ground whereon both sides may meet for amicable parley and, if possible, reconciliation ?

Compromise, indeed, is out of the question ; it has been tried, and it has failed. We have been advised to abandon our small doses ; we have even been advised to drop the title of homœopath altogether. Well, we did not, I believe, adopt that name, it was bestowed on us. But should we be any better off if we called ourselves, say, ' scientific eclectics ' ? Would that title bring us any nearer reconciliation and re-union ? Call to mind any instances you have known of men who have sought reconciliation by dropping the name, and what was the result ? The one case which has come within my own knowledge was not encouraging. The convert, or pervert, speedily found that his power of eclecticism, whether scientific or otherwise, was very limited : he was taught that if he wished to hunt with the hounds he must never try to run with the hare ; he was made to tread a very straight path, and any attempt to swerve either to the right hand or to the left was promptly corrected by the *vis a tergo* remorselessly applied. And if we abandoned the small dose would that bring us any nearer ? What has already happened ? The man whose name at one time appeared to be almost synony-

mous with homœopathy in London, but whose dosage most nearly approached that of the old school, was refused professional recognition under circumstances when such courtesy might have been gracefully extended to him, and he was compelled to stand aside while physicians whose attendance the sick man had not sought and did not desire, discussed by the Queen's command the condition of her dying minister and friend. Permitted to be present—condemned to be silent, what an eloquent testimony does his case afford to the uselessness of the endeavour to disarm our opponents by approximating to their methods without abandoning our own principles. Re-union through compromise is foredoomed to failure; if it is to be effected we must set ourselves seriously to consider the means by which it is to be brought about, and not content ourselves merely with a pious hope that at some unknown time, and in some unknown way, it may become an accomplished fact.

Here then is an object towards which it may well be our endeavour continually to advance. We must progress in this direction also; we must not stand still and satisfy ourselves by simply re-affirming our old law, or merely bringing forward fresh evidence to prove it true. At this time of day there ought to be no question about the fact that likes are cured by likes. The evidence is before the world; we ourselves admit the principle to its fullest extent, and it is partially admitted even by those who oppose it as a general law. But I am quite sure there are very few among us who, if they have thought about the matter at all, have not asked themselves, Why this is so; how it comes about that likes are cured by likes? If, indeed, we do thus question with ourselves, we can no longer afford to pin our faith blindly to the motto, '*Similia similibus curantur*,' or approach those whom we wish to influence merely with the assertion—'This fact was experimentally discovered by Hahnemann to be the great law of therapeutics; we have tested it and found it to be true, it has been proved true also in the experience of hundreds of medical men in all parts of the world, and its practical value is daily attested in thousands of instances; come with us and we will do you good.' Neither can we invite them simply to put it to the test of a practical trial; this they refuse to do. The warning

given many years ago—albeit given by a lay journal*—against any experimentation with homœopathy, on the strange ground that the experimenter was sure in the end to adopt the delusion, seems to have been laid to heart, and men are shy of even glancing at the charms of so perniciously attractive a syren. So the experiment has already ended in hundreds of cases, so it will ever end in the case of every man who is able to lay aside his preconceived prejudices, and dispassionately examine by practical experiment into the action upon disease of small doses administered in accordance with the principles laid down by Hahnemann. The great initial difficulty lies in overcoming these preconceived prejudices, in persuading men that there can by any possibility exist a reason why a method so contrary to all their previous experience should not from its very essence be condemned as unscientific, and therefore unsatisfactory, or even absurd. It would seem as though many who are opposed to us are asking much the same question which I imagine we sometimes ask ourselves; all the more, then, are we bound to try and find a reply to the question why are these things so, a reply moreover which will not only satisfy ourselves, but which may commend itself to the scientific sense of the profession at large.

Have we not here another important aim pointed out to us? and ought we not to try whether by further enquiry into the action of drugs upon the healthy body we cannot find some explanation of the fact that likes are cured by likes?

From time to time physiologists have brought to light facts, or have propounded hypotheses, which might be taken as the groundwork of such an explanation. Some are of partial application only; such as that offered by Dr. Reith† of the therapeutic action of certain remedies which he described as ‘analogous to the primary steps of the inflammatory process, causing first excitement of the sympathetic (contraction of blood-vessels) followed by paralysis (dilatation of vessels).’ Of the same partial kind is the view taken by Dr. Anstie, at that time editor of the *Practitioner*, who, speaking of Dr. Ringer’s state-

* *Athenæum*, 30th December, 1854.

† *Edin. Med. Journal*, Feb., 1868.

ment in his then recently published *Handbook of Therapeutics* concerning the practicability of curing vomiting by drop doses of *ipêcacuanha wine**—a statement which appeared by its novelty to startle the professional mind—asserted† that small doses of *ipêcacuanha* (those, that is, which will cure vomiting) ‘exert a tonic action on the sympathetic system generally,’ leaving us to infer that the larger doses (those which produce vomiting) depress that system.

As being of more general application I would cite the law propounded by Claude Bernard, that ‘every substance which in large doses abolishes the property of an organic element, stimulates it if given in small ones;’‡ and the proposition set forth at some length by Fletcher that all substances having a positive action on the human body are primarily stimulants with a secondary depressant action.§

The proposition which Dr. Reith found in the first instance of partial application seems to correspond with that which Fletcher propounds as being generally true; while Dr. Anstie’s partial admission may be bracketed with Claude Bernard’s universal one. The difference in these hypotheses seems to have affected differently those who investigated them. Dr. Reith’s partial conviction he soon found to be generally true, and in a letter to the editors of the *Monthly Homœopathic Review*|| he avowed as the result of his inquiry his ‘conviction of the truth of your system [*i.e.*, homœopathy] in its fundamentals.’ Dr. Fletcher did not go so far; he endeavoured to explain the palpable success of homœopathy to lie in its correspondence with his views, but he did not in consequence adopt that system. Some of his most intelligent disciples, Drs. Drysdale, Rutherford Russell and others, however, were led by his teachings to investigate and subsequently to adopt homœopathy, and consistently avowed their belief that its principles are in accordance with Fletcher’s propositions.

* *Cf. Handbook of Therapeutics*, p. 288 (sixth edition).

† *Practitioner*, vol. iii., p. 281.

‡ Quoted by Dr. Hughes, *M. H. R.*, Nov., 1873.

§ *Pathology*, p. 473.

|| *M. H. R.*, April, 1868.

Claude Bernard, on the other hand, took no step in our direction ; Anstie, like Fletcher, died in the faith he had always professed, but, unlike Fletcher, he did not by his teachings lead others to join us ; and yet, though their investigations did not lead them in our direction, I am inclined to think that on the lines they have shadowed forth the true answer to our question will be found.

I say shadowed forth advisedly, because until in his later *Essays on Medicine* Dr. Sharp directed our thoughts to this particular subject, no systematic effort had been made to ascertain by experiment, and as far as possible settle by the evidence of facts, what are the laws governing the action of different doses of drugs upon the human body. The results at which he has arrived may be briefly summed up in the following proposition : That drugs act in the same manner and on the same organs whether administered in health or in disease, but that the action of small doses is in a direction opposite to that of large doses of the same drug.

This proposition which I have endeavoured to state in as general terms as possible, was, as to its latter portion, first definitely set forth in the address delivered by him as President of the Congress held at Leamington in 1873. It has since been further developed and elucidated by a series of experiments and observations made upon himself and others, which he has recorded in his *Essays*.* In all these experiments the observed action of the smaller dose was found to be in the contrary direction to that of the known action of the larger ; and he now claims to have established this dual or opposite action of medicines to be a law of drug action.

How far has Dr. Sharp substantiated his claim ? The answer to this question is one of no small importance. If these observations are correct—and unless we distrust the observers we ought not to reject their observations—then the direction which our future efforts should take is very clearly pointed out to us. And I would not have you think the matter is one of academic interest only ; it has, as I hope to show, a very definite bearing on this question of re-union.

So far these views have met with but limited acceptance among ourselves. The editors of the *British*

* See especially *Essays* 57 and 58.

Journal of Homœopathy lost no time in disavowing any complicity with views which they described as 'neither new nor (save in a very limited range) true; '* and the editor of the *Homœopathic World* in a review† of Dr. Sharp's *Therapeutics Founded on Organopathy and Antipraxy* at a later date handled them in a severe, not to say a contemptuous, manner. The editors of the *Monthly Homœopathic Review*, on the other hand, adopted them, as expressing a fact 'accepted by all Homœopaths,'‡ a statement for which they were at once taken to task,§ and assured that they were mistaken. There is some ground of hope, however, that their expression of opinion was only premature, for one of those who formerly opposed the doctrine quite recently came forward and expressed the deliberate opinion that no one 'will ever understand or explain the direct therapeutic action of drugs without acknowledging the double and opposite action of large and small doses in homœopathic cures.'||

But if we are thus backward in accepting it, there are good grounds for believing that in quarters where the name of homœopathy would be received with scorn, and the law of similars would be ridiculed, this law of the 'double and opposite action of small and large doses' is not only exciting attention, but gaining a hearing and meeting with acceptance. Does not this fact add emphasis to the hope that it may be more fully recognised on our side, for may it not prove to be the very object of our search, a means, namely, of overcoming antecedent objections? Note how this doctrine harmonises two great conflicting principles; the *qualitative* action—that of the drug—is in accordance with the law of similars; the *quantitative* action—that of the dose—obeys the law of contraries. How important, then, does it become as affording a meeting place for the two antagonistic schools of thought. It opposes neither; it is not a compromise between the two; it goes beyond, it embraces and develops both. Does it not therefore put forward very strong claims to careful and deliberate consideration on the part of all who desire re-union?

* Oct., 1873. † Dec., 1886. ‡ Oct., 1873.
 § By Dr. Hughes, *M. H. R.*, Nov., 1873.
 || Dr. Drysdale, *M.H.R.*, Jan., 1891, pp. 18-19.

It is true that the experiments by which Dr. Sharp supports his claim are comparatively few in number. It is difficult indeed to see how it could be otherwise. Hitherto the investigation has been carried on by one man only, with the aid of but a small band of helpers; it has been confined to a few drugs, to one action only of these drugs, and to a limited series of doses. Besides, though the action of the larger series of doses can be observed in every instance, in health no less than in disease, the case stands somewhat differently in regard to the smaller doses, their action being sometimes observable only in disease. Of the action of the larger doses we have abundant record alike in works on toxicology, and—to use Dr. Hughes' expressive and comprehensive term—on pharmacodynamics. And as the symptoms by which this action is manifested are collected, classified, and arranged in our books of reference in different modes, either according to the regions of the body affected—as by Hahnemann—or according to the sequence of their production—as in our latest *Cyclopædia of Drug Pathogenesis*—our means of ascertaining what this action is are practically unlimited without need of further experiment. But the action of the smaller doses can be observed in health only in a limited number of ways. We can observe, for instance, if they confine or relax the bowels; if they promote or diminish the excretion of bile or of urine; if they accelerate or retard the action of the heart; if they contract or dilate the pupil; and of this kind are the experiments recorded by Dr. Sharp. Is it going too far to attempt to argue from such premises, and applying the things we can see to the elucidation of the things we can not see, endeavour to deduce from the behaviour of drugs whose action in larger or smaller doses we have traced in health, a reason for the behaviour of others whose action in health we can trace only in one, the larger dose, but whose action in the smaller dose, as we know *ex usu in morbis*, lies in another, and that an opposite direction? Take familiar instances. We know by experiment in health that certain doses of *opium*—the larger series—have a certain action upon the bowels which we call constipation; and we learn, also by experiments made in health, that certain other doses of *opium*—the smaller series—have another action the contrary of this, which we

call relaxation. We may confirm the result of our experiments by observing that these same large or small doses act in the same manner when given for the relief of one or the other pre-existing morbid conditions, the larger doses confining the already relaxed bowels, the smaller giving relief when constipation is present.* And in like manner, viz., by experiments made in health, we ascertain that some other drugs have a similar double or contrary action according to the dose in which they are given.

Now look on the other side : we know by experiments made in health that *arsenic* in a certain series of doses—the larger series—is capable of producing neuralgic pains. But we cannot in health produce the opposite of this ; our healthy man is *ex hypothesi* free from pain, and we cannot make him more so—we cannot give him less than no pain at all. Doubtless pain is only the evidence of some condition of the nerve which gives rise to the sensation ; but this brings us no nearer ; for the opposite condition is only the healthy balance which shows itself in freedom from pain. But if the diseased condition be there, if the pain already exists, we know by experience what great and speedy relief is afforded by certain other—the smaller—doses of the same drug. This action can be manifested only in disease ; but surely it is perfectly legitimate to argue that the action of *arsenic* comes under the same law with the action of *opium*, or of any of the other drugs whose double or opposite actions in large and small doses we have been able to trace when administered in a state of health. Should you, however, think that the case is not yet made out, then it becomes your duty not only to weigh again with greater care the evidence already adduced, but to repeat the experiments and extend their range. Hitherto the objections to this doctrine have been based mainly upon *a priori* reasons why it should not be true, rather than experimental investigation proving it not to be true—the very same style of argument which we so greatly deprecate when applied by our opponents to the law of

* I wish to guard myself against the supposition that *opium* in small doses will cure every case of constipation we meet with. There still remains the very important question as to the *kind* of constipation which is relieved by *opium* ; but the discussion of this point is outside my present purpose.

similar. In any case it becomes our duty not to form an opinion and pass judgment without such full consideration and investigation. The warning given by Bishop Jeremy Taylor against hasty judgment seems as applicable to medicine as to theology:—

‘If any man have a revelation or a discovery of which thou knowest nothing but by his preaching, be not too quick to condemn it; not only lest thou discourage his labour and strict enquiry into the search of truth, but lest thou also be a fool upon record; for so is every one that hastily judges what he slowly understands.’

Encouragement to undertake such an investigation as that suggested, is afforded not only by our own experience with the more distinctly infinitesimal dilutions, but in the experience with larger doses which have been recorded by allopathic observers. Of the former it is needless to say much: we are all familiar with the term ‘medicinal aggravation,’ and we know that such aggravation is most commonly reported by those who habitually use the higher attenuations.* True this aggravation usually results from the administration of one or more doses of the same potency, and therefore may be taken as illustrating the ‘primary stimulation and secondary depression’ of which Fletcher speaks. May it not also be taken as evidence that the action of these infinitesimally small doses is to some extent at any rate in the same direction as that of the larger series, while that of the intermediate series is opposed to both? From the opposite camp—I do not like to call it the camp of the enemy, so let me say—from the camp of the other wing there come reports which seem to point to the same thing. An instance very much to the purpose will be found in the successful use at St. Peter’s Hospital for urinary diseases, of a tincture of *lycopodium* confessedly ‘made by the homœopathic process,’ which, administered ‘in 30 minim to teaspoonful doses,’ was found to be ‘of real benefit in quieting irritable

* See Dr. Madden on Infinitesimals, *B. J. H.*, vol. xi., pp. 5-6:—
‘Those who limit themselves to the 12th and 30th and the still higher potencies . . . constantly dilate upon the aggravations they have seen; while on the other hand those . . . who seldom ascend higher in the scale than the 3rd centesimal dilution are almost unanimous in the opinion that these medicinal aggravations are very rarely to be met with.’

bladders.* A remarkable piece of experience truly, and one eminently suggestive of further inquiry. Among ourselves *lycopodium* is a medicine chiefly in vogue with those who habitually use the higher attenuations: and yet this effect of 'quieting irritable bladders' seems obtainable both by these minutely infinitesimal doses, and by doses which are not only massive in themselves, but which lie quite on the other side of that dividing line which those taken by our provers may be supposed to draw. Another observation made by Dr. Lauder Brunton in connection with this very subject of the dual or opposite actions of drugs, points even more markedly to the same conclusion. He says:—'Varying doses do not always produce opposite effects. We sometimes find that exceedingly small and exceedingly large doses have a similar effect, which differs from that produced by moderate doses. Thus very minute quantities of *atropine* render the pulse somewhat slow, larger quantities make it exceedingly rapid, and very large quantities again render it slow.'†

Such observations as these, from whichever wing of the army they come, lend all the more weight to the argument in favour of extended investigation of this subject because they support Dr. Sharp in another opinion he has expressed, viz: that experiments with doses larger or smaller than those he has used would again begin to show variations in the direction of their action.‡

We are confronted by two facts; the one the relation observed by Hahnemann to exist between drug-action and disease, a relation which, for curative purposes, he embodied in the familiar maxim *Similia similibus curantur*. The other is the antagonism observed by Dr. Sharp to

* From a lecture on 'Therapeutical Innovations,' delivered at St. Peter's Hospital for urinary diseases, by Dr. E. H. Fenwick, 21st. March. 1888; and reported in 'New Commercial Plants and Drugs,' Edited by Thos. Christy. No. xi.

† *Pharmacology, Therapeutics and Materia Medica*, p. 36.

‡ They suggest, too, another line of thought which I can now only indicate, which I would not have spoken of at all but for the direct bearing it has upon a question which has been freely discussed during the year, the old question between the high and the low dilutionists. Do they not show us the advisability of utilising the opposition which exists between moderately large and moderately small doses, rather than that which may exist, or, as we have seen, may not exist between the exceedingly large and the extravagantly small!

exist between the action of large and small doses of the same drug. Do these two facts contradict one another? Surely not. We have all of us proved the truth of the first; we are continually proving it in our daily practice; but we need not therefore reject the second; nor, if we accept the second, need we throw overboard the first. On the contrary our acceptance of the second will only give us a firmer hold on the first. We may still rely on Hahnemann's rule, and select as our curative agent the drug producing by its larger doses the most closely pictured *simile* of the disease; we may equally rely on Dr. Sharp's rule, and select a small dose of the picture-producing drug, confident that its action will always be in the opposite direction to that of a large one. Hahnemann, it is true, added to his law an injunction to use small doses, but that was only because he had found that plan to answer best in practice; in other words, his rule is in this matter empirical. Dr. Sharp, on the other hand, bids us reduce our doses, because he has found a reason why that plan ought to answer best. And if we acknowledge our indebtedness to Hahnemann for giving us a reason why we should select one drug in preference to another, ought we not also to acknowledge our indebtedness to Dr. Sharp for giving us a reason why we should select one dose in preference to another? In any case it should be our object not to emphasise differences, but rather to trace correspondences between these laws. It is certain that He who has given medicines to heal our sicknesses has placed those medicines, as He has placed everything else which He has created and made, under certain laws, which laws, when thoroughly investigated and rightly understood, will be found to be not at variance but in harmony one with another.

I have faith in the future of homœopathy. It is not the decaying, effete, defunct organism which it is sometimes represented to be; its work is not yet accomplished, its age of progress and development is not yet past. On the direction which is given to that development and progress in the immediate future depends in great measure the success or failure of the work, because upon it depends whether the whole medical profession can be brought once more to stand together as a united body, recognising that a common truth underlies superficial

differences ; or whether the line of cleavage between the two sections shall be widened and deepened till the lesser and weaker decays and dies as many another has done in former times. I have ventured to-day to lay before you the opinion I have formed as to the lines on which our progress and development may best proceed ; it may be that as yet you cannot all agree with me, nevertheless *liberavi animam meam*, 'I believed, therefore have I spoken.'

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF BAPTISIA.

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THE *baptisia tinctoria*, or wild indigo, is a shrub indigenous in the United States of America, belonging to the family of the *leguminosæ*, and is found growing in dry, poor soils in woods and on hillsides, where it flowers in July and August. It is used in trade to supply an inferior blue dye. The medicinal properties of the plant reside principally in the bark of the root.

All our information regarding its pathogenetic action is derived from experiments made with its tincture by several American physicians, the most important being those of Dr. Burt and Dr. Douglas. These experiments constitute the material out of which the article on *Baptisia* in *Allen's Encyclopædia* is formed ; and together with others appear as they were originally detailed in *The Cyclopædia of Drug Pathogenesis*.

The general action of *baptisia* resembles that of a sharp attack of febrile catarrh of an asthenic character and somewhat remittent type. For some years after the introduction of this plant into the practice of medicine, it was regarded as a specific in the treatment of typhoid. The provings, as we have them, never really warranted this very broad generalisation, and though clinical experience seemed at first to encourage it, its reputation as a medicine capable of cutting short typhoid in all cases has not been sustained. It is now generally looked upon as one adapted to meet the exigencies of some cases, chiefly during the first week of the fever.

The earliest of the symptoms produced by *baptisia* are febrile heat and a degree of cerebral excitement described by Dr. Douglas as "like that which frequently ushers in a fever." The prover is restless, somewhat excited, cannot rivet his attention upon any one topic, complains of a dull, stupid feeling in the head, with vertigo and a sense of weakness throughout the body. He feels also a great deal of frontal headache, characterised by a sense of tightness across the forehead, as if the skin were tightly drawn. There is a frequent dull pain in both temples, sometimes in the right, sometimes in the left. This headache is associated with the febrile excitement, and is most marked at the beginning of the proving.

During the febrile state the sleep is restless and disturbed by nightmare. The early hours of the night are passed with tolerably sound sleep, but the prover is awakened at 2 a.m., with restlessness, nightmare and excited dreaming. Dr. Douglass's proving is a very suggestive representation of the state of a patient during the first few nights of a low fever. "I slept," says he, "two or three hours and waked from a troublesome dream with difficult breathing, a sort of nightmare; felt on waking as if the room was insufferably hot and close, hindering respiration. Feeling of greatly increased compass and frequency of the heart's pulsation, which seemed to fill the chest; the pulse (usually but little over seventy) I judged to be ninety and over, full and soft. There was a most uncomfortable burning heat of the whole surface, especially the face. The tongue dry; on rubbing it against the roof of the mouth it smarted and felt sore as if burnt. The heat compelled me to move to a cool part of the bed, and finally to rise and open a window and wash my face and hands; with these symptoms there was a peculiar feeling of the head which is never felt except during the presence of fever." After continuing an hour these symptoms abated, and he got to sleep again. During the following night he slept well. On the next, the same symptoms recurred. Again, on the night following he slept well, but on the succeeding night the same symptoms were again observed.

These are symptoms resembling those of an intermittent, and being so, should be carefully studied in the treatment of a case of this kind of fever, especially when

of that low type to which other symptoms of *baptisia* point.

In the case of another prover—Dr. Burt—who took much larger doses than did Dr. Douglass, this febrile restlessness at night was much more marked, and was continuous.

The symptoms which represent the action of *baptisia* on the digestive organs are very characteristic of the kind of febrile disturbance it sets up.

The tongue is coated at first white, with reddish papillæ, then it has a yellowish brown coating in the centre, the edges being red and shining. On waking in the morning the tongue feels burned, saliva is rather abundant, somewhat viscid and flat tasting. This burned feeling of the tongue is very characteristic of the drug; it was felt by every prover. The tonsils and soft palate look red and congested; the throat feels sore with a sense of tightness, scraping and burning. A raw sensation is noticed as occurring in the pharynx, with a large amount of viscid mucus. Appetite is lost; there is a constant desire for water; some nausea, with increased heat. A sense of sinking and emptiness in the stomach. Severe pain is also noticed at its cardiac extremity every few minutes. This pain extends from the stomach over the region of the liver, and is sometimes quite sharp and drawing, and at others aching and dull. There is some flatus in the stomach, but much more lower down, producing great abdominal distension, rumbling, and borborygmi. A good deal of soreness in the abdominal muscles is also felt; and though constipation commonly occurs at first, diarrhoea usually follows, the stools being soft, mushy, and dark.

The catarrhal-like irritation set up by *baptisia* extends also to the liver, as the following symptoms suggest. A dull pain was felt by Dr. Burt in the right hypochondrium, rendering walking almost impossible, so severe was the pain over the gall bladder. Another prover complained of a good deal of soreness in the region of the liver.

The urine of provers of *baptisia* is dark in colour, acid in quality and somewhat diminished in amount.

Another symptom of importance in connection with this febrile condition, and very characteristic of the sphere of action of the drug, is a general tired, bruised,

sick feeling. The joints feel stiff, the limbs ache, and the projecting parts of the body, such as the ischia, on which the prover has been lying, feel extremely sore.

It is symptoms such as these that have led to the somewhat hasty generalisation that *baptisia* is a specific to the entire course of typhoid fever. I doubt, however, if they alone would have suggested it, and the history of its employment in typhoid more than confirms this doubt. The first experiments to ascertain the pathogenetic properties of this drug were made in 1856. Prior to that time, it had been used empirically, as "an astringent, emetic, emmenagogue, purgative, stimulant, and antiseptic," by the so-called Eclectic School in the United States of America. In 1856, Professor S. R. Beckwith, of Cleveland, heard of "an old fellow, without medical knowledge, living in the Ohio bottom, who had a reputation for miles round of curing cases of typhoid fever after the physicians had given them up to die." Dr. Beckwith visited the old man, and learned from him that the wonderful remedy was wild indigo, which he used in decoction. From him Dr. Beckwith procured a package of the root, whence a tincture was made, with which the experiments of Professor Douglass and others were performed.

It is, I think, to be regretted that the experiments were not made with a decoction from the root instead of with a tincture, for in the nearest approach to anything of the kind, a proving by Dr. Burt, commenced four days after his last dose of this tincture—thirty-five drachms—he chewed thirty grains of the root. From this experiment the intestinal symptoms were much more striking and better marked than those from the tincture had been. He records "constant burning distress in the epigastrium, with severe colicky pains in the umbilical and hypogastric regions, especially in the latter every few seconds, with rumbling in the bowels and desire to vomit, but no nausea; soft stool, drawing pains in the right hip and both calves." He also experienced headache, worse on moving, with frequent sharp pains in the temples. His tongue was yellow, he had a bitter flat taste in the mouth, the tonsils were congested and all the following forenoon (he had taken another forty grains in the interval) he had great distress in the bowels and stomach,

with desire to vomit and soft mushy stools. These and other symptoms continued for several days, with great exhaustion, and finally bleeding from the gums.

Hence I cannot but think that an infusion of the green bark of the root would yield a more active preparation and one better adapted to some cases than the tincture.

Further, it would seem that it was first used in typhoid—as Dr. Eubulus Williams more recently prescribed it in small-pox—as a substitute for alcohol, for Dr. Daily, who gave the particulars I have just narrated in *The United States Medical Investigator* in 1883, says, “Our directions for the use of the remedy differed from the custom now-a-days. We were instructed to hold this remedy in reserve, and when the patient began to sink to give *baptisia* tincture at first in drop doses every few minutes until the patient began to rally.”

In a short paper by Dr. Hoyt in *The North American Journal of Homoeopathy* vi. p. 226, which immediately precedes that giving the experiments of Professor Douglass, the author relates the particulars of three cases of continued fever all apparently *in extremis* in two of which five or six drops of a decoction given every fifteen minutes, and in the third drop doses of a tincture every ten minutes, were very promptly followed by an alteration in the condition of the patients, who one and all recovered.

To be able accurately to attribute the recovery of a fever patient, even of one apparently *in extremis* to the medicine given is often difficult; such a condition occurs at the critical period of the disease, and this is not infrequently passed through without any medicinal influence and is followed by a return to a degree of health which appears surprising. In the cases of small-pox reported by Dr. Williams, he gave the *baptisia* in lieu of wine or rather to prevent the use of alcoholic stimulants becoming necessary. Here again we are met with a difficulty in estimating the value of *baptisia* under these circumstances from the clinical evidence alone. The cases in which it was prescribed were the last 90 out of a series of 300, and though of the first 210, 19 died, while the last 90 all recovered, yet we cannot dispose of the facts that they were the *last* ninety, and that an epidemic disease, be it small pox or cholera, displays its virulence in the first cases that occur, and that it is

among these that the deaths take place which supply the figures representing the rate of mortality throughout the epidemic.

Nevertheless, the pathogenesis of *baptisia* warrants us in expecting it to be useful in mitigating the intensity of such adynamia as that which marks the last period of fever and the course of many cases of small-pox.

If we turn to the provings we meet with symptoms like many which are generally more or less well marked in cases of this kind, and though they are only hints, they are sufficiently suggestive hints to warrant us in taking advantage of them. By all who took the drug in considerable doses great weakness amounting to exhaustion and prostration was felt. Dr. Douglass, after awaking out of a sleep following the burning heat and fever which the drug produced in him, experienced great intolerance of pressure on any part. "The parts" he says "on which I lay soon became exceedingly painful, especially the sacral region and hips. After lying for more than ten minutes upon the back, the sacral region became intolerably painful, as though I had been lying on the barn floor all night, and inducing the conviction that a short continuance of the position would induce bedsores. Like the rest of the provers he, too, felt "utterly exhausted."

Dr. Hughes is of opinion that *baptisia* is homœopathic to a form of continued fever to which the term gastric is applicable, that is not typhoid, but the symptoms of which resemble those characteristic of the first week of a typhoid. Dr. Murchison contends that there is no such type of fever, and, after a critical examination of the arguments commonly used to support this contention, says, "that in all cases of gastric fever the disease is really enteric fever, or the febrile symptoms are due to derangement of the stomach and liver from non-specific causes." In short, the phrase "gastric fever" becomes thus applied to what is in reality a gastric catarrh, the febrile movement of which is a low adynamic type, a fever that is not typhoid only because it arises from "non-specific causes." It is to such a form of fever that Dr. Hughes referred at the British Homœopathic Society, in January, 1881, when, during the discussion on a paper referring to this question, by Dr. J. G. Blackley, he said that "he was convinced that

there was a continued fever which could be aborted by *baptisia*, but that this was not true typhoid."

The discussion which has taken place on *baptisia* as a remedy in typhoid will have served a useful purpose if it has but provided one more illustration of the well-substantiated fact that there is no medicine of which it can be said that it is specific to the entire course of any one disease. Diseases may, indeed, be sufficiently alike in their etiology, symptomatology, and pathology generally to admit of their being known by a distinctive name for the purposes of diagnosis; but when we come to therapeutics, and are compelled to study the minute symptomatology of each, we meet with a great variety, even in one so commonly regarded as uniform as typhoid. This being so it is impossible for any one medicine to be adapted to control the morbid process in every case.

Dr. Edward Blake, in a paper entitled *Is Baptisia Specific in Typhoid?* read before the British Homœopathic Society some years ago, said very truly and forcibly: "On *à priori* grounds, we should scarcely expect one drug to be specific to the whole course of a disorder so protracted in its deviation, so frequently complicated by secondary lesions. . . . Again, though there exists a strong family likeness between different cases of typhoid fever, *per contra* one meets with variations so considerable as to make it in the highest degree improbable that the range of a single drug would be sufficiently extensive to cover them completely."

Then comes the question, what are the indications which would justify the prescription of *baptisia* in either non-specific gastric, or in typhoid, or in enteritis?

The pulse is quick but soft. The sleep is restless and disturbed by nightmare and much dreaming, from which the patient awakes suddenly and in a state of considerable febrile excitement with frontal headache. The tongue, yellow in the centre red at the sides, feels dry and as though it were burned. Thirst is proportionately considerable, and at the same time there are felt nausea and a repugnance to food with a sense of sinking or emptiness in the stomach, and also much abdominal flatulence and soreness of the abdominal muscles. The bowels are somewhat constipated, but, if the soreness of the abdomen increases to actual pain of a colic-like

character, this passes into a diarrhœa of dark yellowish loose—not thin and watery—stools.

It is when symptoms of this kind mark the illness of the patient, whatever nosological definition its history and other surroundings may with such symptoms lead to its having, that *baptisia* becomes a remedy, not because the fever is typhoid or because it is gastric, but because it is a fever like that which *baptisia* will produce, and this likeness we recognise from the similarity of the symptoms in both cases.

Dr. Dyce Brown, in a contribution towards the solution of the frequently asked question—*Can Baptisia cut short True Typhoid Fever?*—says: “While *baptisia* is not to be reckoned a specific in the sense that it will abort every case of typhoid—for many cases run their regular course in spite of *baptisia*—yet, when indicated, it does sometimes cut short the genuine disease.”—*Monthly Homœopathic Review*, vol. xxvi., p. 203.

There is a sore throat of a low type which I have noticed in persons living in houses where the sanitary arrangements were defective, and offensive smells more or less prevalent in consequence. The throat looks somewhat but not much swollen and congested, and there is a raw feeling in it, but there is in addition a feeling of great weakness, of indeed exhaustion out of all proportion to the apparent local mischief. In such cases I have frequently given one and two drop doses of the tincture three or four times a day with manifest advantage.

In another form of fever—that known as “relapsing”—Dr. Dyce Brown tested the worth of *baptisia* as a remedy during an epidemic that occurred in Aberdeen some years ago. In a paper on this fever in the *British Journal of Homœopathy*, vol. xxxi., p. 361, he thus differentiated between *arsenic* and *baptisia* in its treatment. “In the earlier cases,” he says, “when the watery diarrhœa and vomiting were present I gave *arsenicum*, and found that this signally met these symptoms. When the symptoms were not so severe, and there was simply gastric disturbance with some diarrhœa along with the fever, I prescribed *baptisia* 1 every two hours, as the state of the patient, during the attack at least, more resembled typhoid than any other fever.”

As the result of using the *baptisia* in cases of this type, Dr. Brown's conclusion was that while not a specific for the fever, and while not positively asserting that it lessens the duration of the paroxysms or prevents a relapse, yet if given *sufficiently early* it did seem to lessen the duration both of the paroxysms and the relapse, and so conducted the patient safely and mildly through the fever.

The dose in which *baptisia* has generally been given is one of two or three drops of the pure tincture, and perhaps scarcely less frequently in drop doses of the first decimal dilution.

Grantham,

September 11th, 1892.

REVIEWS.

Transactions of the International Homœopathic Congress, and of the American Institute of Homœopathy, 1891. Edited by PEMBERTON DUDLEY, M.D. Philadelphia: Sherman & Co., 1891.

In our September number of last year we were able, through the kindness of Dr. Hughes, to present our readers with some idea of the variety, importance and interest of the addresses, papers and discussions at the meetings of the American Institute of Homœopathy, and the International Homœopathic Congress, which were held simultaneously at Atlantic City, New Jersey, in June, 1891. The handsome volume of 1,160 pages now before us contains these addresses, papers and discussions in full detail. In addition, it has, as its frontispiece, an admirable portrait of the President of the International Congress—Dr. Talbot, of Boston—so well known as the most energetic of the many energetic men in that city in making the claims of homœopathy known and its influence felt throughout the State of Massachusetts.

When we compare the contributions to this Congress with those which were commonly presented to similar assemblies twenty or thirty years ago, we cannot fail to notice one feature about them strikingly indicative of sound and healthy progress. The papers read some years back were too often more representative of the reading and research of their authors than of their experience. In this volume, on the other hand, the essays show that, while the writers are fully "up to date" in

all that has been thought and said on the topics discussed, they contain a goodly amount of original thinking well illustrated by the results of cautiously observed personal experience. Again, they indicate in a very striking manner the existence of a broader and more liberal tone than marked the earlier efforts of homœopathic physicians in the direction of medical literature. That the general practitioner is called upon now and again to encounter cases in which, either in part or altogether, the homœopathically selected medicine cannot in the nature of things be the be-all and end-all of therapeutics, is more fully admitted; that mere medicine-giving is in some instances a subordinate element in treatment is less hesitatingly acknowledged. This does not arise from any question as to the value of homœopathy as a therapeutic method—very far indeed is it from that—but from a more distinct recognition of the place which homœopathy occupies—which all drug-therapeutics must occupy—in the practice of medicine and surgery, than obtained some years ago. Thus we find, *Training Schools for Nurses, The Use of Antiseptics in Midwifery and Surgery, Resources of Gynecology* “neither medical nor surgical,” *The Rest Treatment, Dietetics, Climate, Forty-seven Consecutive Abdominal Sections* and similar subjects, well and fully discussed. Dr. Helmuth,—in expressing his gratification at the change, said: “In the olden days—and the time is not so very far removed from the present—a paper like that of Dr. Lee’s or Dr. Ostrom’s (*Damaged Uterine Appendages and their Treatment*), or Dr. Phillips’ (*Resources of Gynecology*), would not have been allowed to appear before such a homœopathic convention. If you will remember that in the papers referred to there was no allusion to homœopathy—they were purely original papers prepared by men who believe in the motto, *Similia similibus curentur*. Looking, then, as we do at these papers presented by the surgeons of-day, and comparing them with the feeling exhibited by homœopathic physicians towards all surgical science in the years gone by, I say, I can see “such an increase in good feeling and such amazing advances in scientific recognition by those professing homœopathy, that the people will soon begin to understand that homœopathic physicians have a knowledge of something more in medicine than symptomatology.”

While the work presented in this volume is of a higher and more useful quality, and such as indicates the increase of a broader view of the requirements of the many and varied forms of disease and injury met with in general practice than was general some years ago, there is at the same time running through the whole of it a confidence in the superiority of the therapeutics of Hahnemann, wherever applicable, to all other

methods of prescribing drugs that was never better or more distinctly marked. The *Materia Medica* is, of all branches of medical study, that upon which the practice of homœopathy depends. "The chief task of homœopathy is the perfecting of the *Materia Medica*" was the title of an essay in the *British Journal of Homœopathy* (Jan., 1883), by the late Dr. Drysdale, and that it is recognised to be so is rendered very apparent by the papers and discussions in this volume. Great and remarkable as have been the results achieved by physicians who have trusted to the *Materia Medica* as it has heretofore been presented to us, it has long enough been acknowledged that among our records too many symptoms have been derived from sources of doubtful validity, too many of the observations they contain have been of a questionable character. These lists of drug-effects have been accepted too readily, and with too little criticism. Doubtless this is largely to be ascribed to the want of adequate opportunities for criticism, due to our exclusion from the great medical societies, and to all discussion on homœopathy being suppressed in them. It forms a part of "the injury done to the progress of medicine by the sectarian exclusiveness of the allopathic party in depriving us of the purifying fire of an enlarged and enlightened criticism. That has been our great want, for in a small body, bound together by the ties of common suffering through persecution, there is naturally too great tenderness for the individual, and much work has passed muster, or even received praise, which would have been sternly rejected under a system of juster criticism." (Drysdale, *Modern Medicine and Homœopathy*.) Now, however, the rapid spread of homœopathy in the United States, the foundation there of Medical Colleges, educating young men in every branch of medical science, including—as their distinctive feature—homœopathic *Materia Medica*, and the formation of one hundred and fifty-three active medical societies, have supplied us with the means of obtaining the much needed "purifying fire of an enlarged and enlightened criticism." Nowhere do we see the beneficent influence it has exercised more distinctly than in the tenor of the papers read and the discussions they evoked in the *Materia Medica* section of the International Congress of last year. The titles of some of the papers—and at present we can give no more—indicate the thoroughness with which this all-important subject is being handled. *The Demands of Modern Science in the Work of Drug Proving*, is one; *The Drug Proving of the Future* is another; *A Reconstructed Materia Medica* is a third. Pharmacy, too, is subjected to an equally stringent criticism. Work of this kind, done in the spirit in which the authors of

these papers have performed theirs, must assuredly increase the soundness of our knowledge of the action of drugs upon the healthy, and add greatly to our success in employing them to assist in relieving pain and suffering in disease.

In the papers and discussions before us, we miss one old friend (and we are very glad to miss him), who never failed at one time to be trotted out for discussion wherever homœopathic practitioners met together, we refer to what is termed *The Dose Question!* Not one single paper published in this volume pretends to solve this oftentimes debated mystery!

We regard this volume as evidence, and that of a very high order, that the study and appreciation of homœopathy are proceeding steadily, and on an ever extending scale, upon the lines of true science—those of carefully made, narrowly watched, and rigidly criticised experiment.

The Chinese; their Present and Future; Medical, Social and Political. By ROBT. COLTMAN, Jr., M.D. Philadelphia and London. F. A. Davis. 1891.

THERE need be no hesitation about describing this admirably got-up volume as one of the most interesting and faithful accounts of the Chinese that has yet appeared. The style is graphic if not polished; the illustrations leave nothing to be desired. Nevertheless, this is not a book for the waiting room, or for the perusal of the young of either sex. Dr. Coltman is not fastidious, and fastidious people had better avoid his book. In extenuation, he would probably plead that a faithful description of an unclean thing cannot well be clean itself; nevertheless, a writer on America would hardly include in his work a chapter on prostitution. Nor is the necessity greater in a work on China, for as Dr. Coltman himself tell us, the Chinese cannot be considered a less moral people than the Americans or the English. Still from any point of view the book is unnecessarily offensive on this topic.

Two chapters are devoted to the diseases of China, and whilst Dr. Coltman has nothing startling to relate, these are by no means the least interesting in the book. Oriental medicine is almost uniformly ridiculous, yet not more so perhaps than was that of Europe even later than the time of Elizabeth. Save leprosy, to which a whole chapter is devoted, Dr. Coltman has observed nothing unknown in home practice, and leprosy, he judges, is not actively contagious. But it is not curable—so far. He mentions various medicines that have been used with greater or less effect, but does not notice the oil of the nut which has given good results in the hands of Dr. Wilson, of Hau Chung, W. China. He has noticed of

course that it is hereditary, and that the much larger proportion of the lepers are men. The Chinese have a great dread of the disease, knowing it to be incurable, and the unfortunate patient speaks of his trouble as "that disease," he prefers not to pronounce the ominous name.

Goitre is very prevalent. Dr. Coltman does not say whether he has found it more so in river valleys, as seems to be the case in Western China. In Central China, which is flat and sandy, it is unknown.

But the Chinese are nowhere further behind than in obstetrics. With malpresentations they simply cannot deal. The present writer has known of cases where the midwife has hacked off an arm, and of one where the friends preferred that both mother and child should perish rather than brook the interference of a medical man. On the occasion referred to no lady doctor or nurse was available. Let the lady missionary be armed with her forceps and catheter, ergot bottle and syringe, and she may leave her medicine chest at home.

The nature of obstetric practice may be inferred from a prescription to be found in a medical classic. In the event of a certain malpresentation a hair of the husband's hair is to be roasted and administered to the wife!

PERISCOPE.

MATERIA MEDICA.

STRANGE PLANTS.—The *Mediterranean Naturalist*, published at Malta, quotes from the *Liverpool Post*, the following description of an adventure that befell a naturalist who has recently returned from Central America. This gentleman, after two years' study of the botany of that region, has brought with him a story which, if it be anything more than a "traveller's tale," may well make us thankful that the woods of our temperate clime contain nothing more inimical to the integrity of the human form than burrs and briars. He tells of a strange plant which he found in one of the swamps surrounding the Nicaragua Lake. While hunting for specimens he heard his dog cry out, as if in agony, from a distance. Running to the spot whence the animal's cries came, Mr. Dunstan found him enveloped in a perfect network of what seemed to be a fine, rope-like tissue of roots and fibres. The plant or vine seemed composed entirely of bare, interlacing stems, resembling more than anything else the branches of a weeping willow denuded of its foliage, but of a dark, nearly black hue, and covered with a thick viscid gum that exuded from the pores. Drawing

his knife, Mr. Dunstan attempted to cut the poor beast free, but it was with the very greatest difficulty that he managed to sever the fleshy muscular fibres of the plant. When the dog was extricated from the coils of the plant, Mr. Dunstan saw to his horror that its body was bloodstained, while the skin appeared to be actually sucked or puckered in spots, and the animal staggered as if from exhaustion. In cutting the vine the twigs curled like living, sinuous fingers about Mr. Dunstan's hand, and it required no slight force to free the members from their clinging grasp, which left the flesh red and blistered. The tree, it seems, is well known to the natives, who relate many stories of its death-dealing powers. Its appetite is voracious and insatiable, and in five minutes it will suck the nourishment from a large lump of meat, rejecting the carcass as a spider does that of a used-up fly. Another strange plant that has lately been discovered flourishes in masses, resembling huge grey boulders from five to ten feet across, covered with lichens and grass, seen in the lowlands of the Falkland Islands, and each one proves to be a single umbelliferous plant, a specimen of balsam bog (*Bolax glebaria*). These have grown so slowly, and have been so compressed in branching, that they are almost as hard as the rocks they resemble. The circlets of the leaves and leaf-buds are seen as tiny hexagonal markings, terminating in a multitude of stems, which have been steadily growing for centuries. The plant emits a pleasant odour in the warm sunshine, and the top exudes an astringent gum that is prized by the shepherds.—*Magazine of Pharmacy, &c.*

OIL OF CLOVES.—*The Indian Medical Record* states that three or four drops of the oil of cloves placed on the pillow ensures protection for a sleeper against the irritating attacks of mosquitoes.

PICRIC ACID.—Dr. Frank Kraft (*Med. Era*) describes the *picric acid* patient as follows:—

“It works wonders in neurasthenia—that peculiar form of nerve break-up resultant upon over-use and abuse of the nervous system. . . . Brain-fag begins to creep on apace; the mind does not move along with the clearness and snap of former days; appetite freakish; bowels poorly—usually confined—and life begins to assume a jaded aspect; the pall of melancholy, with ultimate insanity, hangs over the patient like the sword of Damocles. Here is your place for *picric acid*. It is truly a marvellous remedy in the brain-fag, resulting, as already said, from over-use, wrong use, and downright abuse of the nervous system, whether through debauchery, wine, women or frivolity; or excesses in the study, the counting room, or office. Think of it, especially

for editors and reporters who are pushed to the utmost of nervous tension to get out "quick" copy night after night and until late in the morning. Think of it in the case of clergymen who sit much over their books and come into the pulpit with their marble faces and white hands. Think of it in the case of authors, male and female, who meet you with that tired look about the face, predominantly bloodless and white, whose grasp of the hand lacks warmth and force. In such cases put your patient on a protracted use of the 2x or 3x until you get good returns; stopping when you reach somewhere near the physiological effects mentioned in the books—results which I am free to say I have never yet succeeded in inducing, even with the crude. . . . For priapism use the dynamised drug; go high, and the higher the better."

MEDICINE.

TYPHUS FEVER.—*Med. Reprints* (Aug.), in an article contributed, apparently, to that journal, dwells upon the facts that in America typhus fever has never maintained a footing. A few epidemics, all due to importation of infection, have occurred in different places within the last hundred years. The first is stated to have been at Hartford in 1887 (*sic*, probably 1787). Amongst recent epidemics, that in 1861 (New York) was introduced by a girl from an infected ship, who went to a tenement house, where most of the inmates took the disease. Some, from fright, removed, and themselves became fresh centres, until several thousands of persons suffered. In 1892, 42 persons brought the disease (having travelled in one vessel) and spread it into several lodging houses. But when prompt isolation and disinfection were had recourse to only 186 became affected.

The uniform features noted in the last epidemic were, the dusky hue with injected conjunctivæ, &c., lips and eyelids half open; absence of anxious expression of countenance; typhous or "mousy" odour; characteristic rash. The odour was only noticed in the fresh cases, and passed off after washing, &c.

A case is related whose symptoms closely resembled typhus, and in which, after death, ulcerative endocarditis was found.

The pathological changes found after death from the fever were "acute degeneration in the liver and kidneys, with swelling and hyperplasia of spleen."

ON A CASE OF INTUSSUSCEPTION.—F. M., æt. 21, was seized with abdominal pain, tenderness, vomiting, constipa-

tion, followed by diarrhœa and tympanitis. The symptoms otherwise were not very diagnostic, and perityphlitic abscess and enteric fever were surmised. There was dulness, fulness, and an ill-defined tumour in right iliac region. The patient died exhausted on ninth day.

At the autopsy large bowel in normal situation, moderately distended; small intestine pinkish, thick, sodden, and collapsed. The cæcum was soft, thick, and flabby.

“The lower portion of the abdomen contained the interesting features which hereafter claim attention. A dark gangrenous and pultaceous mass spread about a hand's-breadth from the right iliac fossa on the one side to the left iliac fossa on the other side, passing and closely connected to the posterior wall of the bladder, and then dipping down into the region of the rectum.

“It was seen that this portion of the colon, from the cæcum upward about five inches, was thickened, partly gangrenous, and evidently held a loop of intestine, being the sheath of an intussusception from the small intestine passing through the ileo-cæcal valve into the colon. When the mesocolon was divided pus escaped from between its folds, and it was seen that the appendix vermiformis was between the two layers of the mesocolon and had suppurated, the pus burrowing up to the under surface of the liver. The pus in this region was of a bright yellow colour, and had made its way upward through the meshes of loose connective tissue that binds the colon by means of its mesocolon to the planes of the pelvic and posterior abdominal fasciæ—this singular situation having been gained by the pus while the patient was in bed. The pus found in other portions of the abdomen was of dark chocolate colour, more resembling that from an hepatic abscess. This yellow line of pus reached up as high as the level of the pancreas, and must have burrowed in this region while the patient was in the recumbent position. The remainder of the colon to the middle of the rectum was absolutely empty, containing no fæces and but little moisture.

“Great care was required in dissecting out this soft, gangrenous, and stinking mass, but after a time it was accomplished, and the portion so removed was found to consist of the first four inches of the ascending colon and its contents, *i.e.*, an intussusception from the ileum; portions of the small intestine, judged to be the jejunum and ileum; the posterior wall of the bladder, and the middle and lower third of the rectum. On cutting open the colon and its contents, there was seen to be an intussusception of the ileum through the valve of Bauhin into the colon, the three thicknesses of

the gut firmly adherent and somewhat gangrenous. In the pouch of the cæcum, on its internal lateral surface between the valve and the appendix, was an opening which connected with a piece of adjoining small intestine, the two matted together by adhesions, making a passage from that portion of the ileum which entered the colon by the valve, and which had sloughed off on the lower side of the neck of the intussusception inside of the colon, thus allowing the contents of the gut to flow by the strangulated portion of the intestine into the pouch of the cæcum, and on again into the adherent loop of gut; both the wall of the pouch of the cæcum and the adherent gut having sloughed and ruptured at their contiguous points of contact. An adjacent loop of intestine toward the left had likewise become adherent, and had become gangrenous at the point of contact, and this continued with each successive loop until a complete passage for feculent and gangrenous matter had been found, emptying into the middle and lower third of the rectum, so that the contents of the stomach, when expelled into the small intestine, found passage through the small intestine alone, completely avoiding the usual passage by way of the entire length of the colon. This new tract was very plainly seen, and was filled with shreds of gangrenous intestine, pus, and fecal matter. In dissecting it out from the abdomen it was necessary to include the posterior wall of the bladder. That viscus was otherwise apparently intact, and was nearly filled with pale, clear urine. The pelvic fascia was clear, smooth, and glistening. No caries of the pelvic bones was noted, and there was no evidence of peritonitis on the abdominal parietes. The other organs in the abdominal cavity were normal. The kidneys were of good size and colour, with no observable (gross) lesion."—*Ibid.*

NOTABILIA.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Congress of homœopathic practitioners was held on Thursday, September 22nd, at the Queen's Hotel, Southport. The chair was taken by the President, Dr. RAMSBOTHAM, of Leeds, and there were also present the Vice-President, Dr. BLUMBERG, of Southport, Dr. H. L'ARNIM BLUMBERG, Dr. STOPFORD and Dr. STORRAR (Southport); Dr. DYCE BROWN hon. general secretary (London); Dr. E. MADDEN, hon. treasurer (Bromley); Dr. BURFORD, Mr. HARRIS, Dr. BYRES MOIR, Dr. J. ROBERSON DAY, Mr. KNOX SHAW, Dr. DUDGEON and Dr. BENNETT (London); Dr. POPE (Grantham); Dr. HAY-

WARD, Dr. J. D. HAYWARD, Dr. C. W. HAYWARD, Dr. GORDON, Dr. THOMAS, Dr. MOORE, Dr. CAPPER, Mr. CAPPER, Dr. HAWKES, Mr. THOMSON, Mr. NICHOLSON, and Dr. ELLIS (Liverpool); Dr. SIMPSON (Waterloo); Dr. THOMAS (Llandudno); Dr. HUGHES (Brighton); Dr. SHAW (St. Leonards); Dr. HAYLE (Rochdale); Dr. PINCOTT (Tunbridge Wells); Dr. WILDE (Weston-Super-Mare); Dr. FINLAY (Rawtenstall); Dr. DOUGLAS MOIR and Dr. BLACKLEY (Manchester); Dr. CRAIG (Birmingham); Dr. BURWOOD (Ealing); Dr. GILBERT (Reigate); Dr. LUTHER (Belfast); Dr. G. CLIFTON (Leicester); Dr. A. CLIFTON (Northampton); Dr. WILKINSON (Bolton); Dr. SCOTT, Dr. RIDPATH (Huddersfield); Dr. CASH REED (Plymouth); Dr. GREENE (Birkenhead); Dr. EUBULUS WILLIAMS (Clifton); Dr. WOLSTON (Edinburgh), and a few others whose names we failed to obtain.

Letters and telegrams expressing regret for unavoidable absence, and wishing success to the Congress, were received from Dr. Gibbs Blake (Birmingham), Dr. Roberts (Harrogate), Dr. Reginald Jones (Birkenhead), Dr. Nicholson (Clifton), Dr. Murray (Folkestone), Dr. Procter (Birkenhead), Dr. Percy Wilde (Bath), Dr. Steinhall (Rochdale), and Dr. Guinness (Oxford).

PUBLISHING SOCIETY

Prior to the meeting of the Congress the annual meeting of the Hahnemann Publishing Society was held, under the presidency of Dr. Hughes, of Brighton. It was agreed, among other business, to make a call for contributions which, with the money in hand, would enable the Society to proceed with the publication of a new and revised translation of Hahnemann's *Organon*, by Dr. Dudgeon, and the "ear" chapter of the *Repertory*, by Dr. J. W. Hayward, together with the original introduction to the *Repertory*. The "eye" chapter of the *repertory* being also out of print, Dr. Dudgeon offered to prepare a new edition. It was also resolved, on the proposition of Dr. Hughes, that with the view of carrying out the therapeutic part of the *Repertory*, an application be made to homœopathic medical men throughout the world to take the journals of their several countries, and give a critical collation of the clinical material therein contained.

BUSINESS OF THE CONGRESS.

The President, Dr. RAMSBOTHAM, opened the business of the Congress with an address, which will be found on page 598.

A number of ladies and other visitors were present during the delivery of the address, which was listened to with great interest. At its conclusion,

Dr. POPE remarked that for the interesting, thoughtful and

useful address to which they had just listened they would all be desirous of returning a very hearty vote of thanks, and this he had great pleasure in rising to move. He could not help thinking of two whose names were well-known to them, who would long be held in remembrance by them, and who would have heard that address with the deepest possible interest. The first was the late Dr. John Ramsbotham, of Leeds, who he felt sure would have experienced a legitimate pride in hearing the address just read by his eldest son. Dr. John Ramsbotham left behind him the reputation—which he (the speaker) considered a very high one—among the medical men of Leeds and of Yorkshire generally, of having been “the man who had done all the mischief.” (Hear, hear and laughter.) No one in Yorkshire, before or after him, ever had such an influence in promoting a knowledge of homœopathy. Then he felt sure that their old friend, Dr. Sharpe, who though remaining with them, was, he regretted to say, practically blind, yet still felt a keen desire for the promotion of what he believed to be the truth, would have felt the greatest pleasure in listening to views which he had long endeavoured to press upon them, put before them in so attractive a manner as they had been by Dr. Ramsbotham that morning. He had no doubt that the address, though they would not, of course, discuss it at that meeting, would hereafter form the basis of a good deal of written thought. With regard to the progress of homœopathy, he was very glad to notice that Dr. Ramsbotham had gauged that rather by the solid, lasting work that had been accomplished than by the mere additions to the number of medical men who *openly* acknowledged the truth of homœopathic principles. *The Cyclopædia of Drug Pathogenesis*, the *Hospital Reports*, and the other works that had been produced of late years, were the strongest possible evidence of their faith in homœopathy, not only as it was at present, but their faith in what homœopathy would become in the future. Dr. Dake, of Pittsburg, told him that on one occasion he took an allopathic friend of his, whom he was very anxious to convert, into his library, pointed to the bookshelves filled with works on homœopathy and homœopathic therapeutics, and said to him: “Do you mean to tell me it is in the nature of things that any body of men would produce such an amount of literature as that to support a fraud?” His friend saw the impossibility of such a thing, and at once began to study homœopathy. He (Dr. Pope) believed that the real indications of their progress were contained in the sound, solid work they had in homœopathic literature. He had very great pleasure in proposing a hearty vote of thanks to Dr. Ramsbotham for his address. (Applause.)

Dr. CLIFTON seconded the vote of thanks, which he felt sure would be carried by acclamation. (Hear, hear). He had, he believed attended every Congress from the commencement, except one, and he had never listened to an address which gave him greater pleasure than the one which they had heard that morning. They were not about to discuss the various points raised in that address now; but he congratulated the editors of their various journals, and indeed the members of the Congress generally, upon the immense amount of food for thought which it afforded them. (Applause).

The PRESIDENT said he was exceedingly obliged to them for the attention with which they had listened to what he had laid before them, and for the manner in which they had received it. Before resuming his seat he was desired to convey to the members of the Congress an invitation from the homœopathic practitioners of Southport to a luncheon at one o'clock in the hotel, and Dr. Blumberg also wished him to say that any ladies or gentlemen who would take afternoon tea at his house would be welcome there at four o'clock. (Applause.)

Papers were subsequently read by Dr. HAYWARD, of Birkenhead, on *The Homœopathic Physician and his Books of Reference*: by Dr. BURFORD, of London, on *Fifteen successful cases of Abdominal Section in the current year (January to July), with especial reference to the therapeutics of preparation and of convalescence* (illustrated by diagrams and temperature charts, and a series of lantern demonstrations by Dr. J. Roberson Day, of London); and by Dr. ROBERSON DAY, on *Anæsthetics as administered at the London Homœopathic Hospital*. These papers were duly discussed and acknowledged by votes of thanks. At the luncheon a cordial vote of thanks was passed to Dr. Blumberg, Dr. H. L. Blumberg, Dr. Stopford, and Dr. Storrar for their kindness in entertaining the members of the Congress. On the resumption of business after luncheon, the Congress received the report of the Hahnemann Publishing Society; selected Northampton as the next place of meeting; appointed Dr. Hawkes President for the ensuing year, and Dr. A. Clifton (Northampton) Vice-President; re-elected the hon. general secretary (Dr. Dyce Brown), and the hon. treasurer (Dr. Madden); and passed a unanimous vote of sympathy and condolence with the widow and family of the late Dr. Drysdale. In the evening the members of the Congress and a number of visitors dined together at the hotel, when the usual toasts were given and responded to. A more extended report of the proceedings will be found in our November issue.

THE COLLEGE OF PHYSICIANS' INSTRUCTIONS ON CHOLERA.

The Nottingham Evening Post (Sept. 15) contains as a leading article the following practical and common sense reflections on the circular of "Instructions," published by the Board of Health on the advice of the President of the Royal College of Physicians:—

"We are not, very fortunately, likely to have an epidemic of cholera this autumn, and we must all hope that we shall escape one in the spring. We shall, in any case, have time to strengthen our defences, so to speak, and, as a subsidiary matter, the Royal College of Physicians will have time to reconsider and revise their recommendations to the Local Government Board as to 'medicines and medical appliances' for the sick poor, and as to the 'remedies the College thinks most suitable' for the general prevention of cholera. At present the advice which the College has given embodies much the sort of prescriptions which a fashionable physician might give to his patients, but which are quite useless for the needed practical purpose. The 'instructions are meant to be followed only when the assistance of a doctor cannot be procured,' and are presumably intended to be circulated by district visitors, nurses, and other persons employed among the poor when a cholera epidemic is raging, but the inhabitant of two rooms or of a cottage in a court is told that his house must be 'clean light, thoroughly dry, and well ventilated;' that he is to take daily three or four 'nourishing and ample meals' with undeviating regularity; that he must avoid soups, cheese, and indigestible things of every kind; that alcoholic beverages may be consumed with moderation, but that 'strongly ascendent sparkling wines' must be rigidly shunned, as well as 'over-fatigue, emotional excitement, and undue mental strain.' He must 'take regular exercise twice daily, follow early hours, and aim at leading a regular, an occupied, and a tranquil life.' This advice, it will be remembered, is to be addressed to the healthy among those classes who, if they were ill, could not afford to employ a doctor. What will be needed if cholera should unfortunately visit us is some directions, advice and instructions which are suited to the needs of poor folk. It is mere mockery to tell a man who can barely keep a roof over his head that he must be careful in his choice of a house, or that he must eat four good meals a day, must not over fatigue himself, and must, above all, avoid 'emotional excitement' and anxiety of mind. As for exercise, that may, of course, be taken by anybody, but then a good many labouring men get a trifle more exercise than they care about in the course of their daily employment."

THE CHOLERA SCARE.

A CORRESPONDENT of the *Standard*—"M.D."—(Sept. 8) gave the following timely warning:—

"During the influenza epidemic many persons presented themselves for treatment, whose ailments were solely due to the use of various drugs which were recommended as preventatives of influenza.

"Already there are signs that the cholera scare is becoming a direct source of disorder, and even real illness. The recommendation which has been publicly made by an eminent medical authority, that a mixture of *sulphuric acid*, *sulphuric ether*, and *lauclanum* should be taken to avert the disease, is likely to impress itself upon the public mind.

"I feel sure that the great majority of physicians will agree with me in earnestly advising everyone to leave these powerful drugs severely alone. The most potent agent for producing the symptoms of cholera is the fear of it. If the system is then further disturbed by drugs acting upon the nerves of the digestive canal, the result in a large per centage of cases will be a condition closely resembling cholera. There is but little danger in this country of the real disease; but the danger of the artificial one grows day by day."

MEDICAL MAGISTRATE.

EARLY last month Dr. George Clifton, an Alderman of the Borough of Leicester was placed on the Commission of the Peace for the town.

CORRESPONDENCE.

THE LATE DR. DRYSDALE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Your admirable and appreciative memoir of my dear old friend Dr. Drysdale leaves nothing more to be said respecting his literary and scientific career. I thought at first that you had made an omission as I saw no notice of the volume he published conjointly with Dr. Russell in 1845, but as that only contains a selection of papers by different authors that had already appeared in the two first volumes of the *British Journal of Homœopathy*, a notice of it would have been superfluous. I can therefore add nothing to the completeness of your narrative in as far as it refers to the scientific aspect of Dr. Drysdale's life, but the intimate terms on which he and I lived for so many years gave me opportunities of observing his social and other qualities which might not have been noticed by those who knew him only or chiefly in his professional character.

I did not know him, or but very slightly, at the Edinburgh University, as he was a year or two in advance of me, but we were fellow students in Vienna, and there we commenced that intimacy which lasted through the remainder of his life without a break. Our little coterie of English-speaking students included Dr. Russell, the late Sir William Wilde, and occasionally Dr. Fisher of Montreal, the late Dr. Donald Sinclair of Peckham, and Dr. Stout, an American, who translated Piringer's work on Ophthalmic-Blennorrhœa. We usually met every day at dinner and often spent the evening together. The friendship commenced in Vienna was continued when I returned to Liverpool and after my removal to London. As we were both fond of shooting and fishing we, during our customary autumn holiday, frequently enjoyed these sports together in Scotland. I thus had the advantage of knowing the social as well as the scientific life of Dr. Drysdale. He always seemed thoroughly to enjoy whatever he was doing, whether tramping through the heather in pursuit of grouse or investigating the life history of a microscopic monad. He was also an accomplished musician and would travel far to listen enraptured to an opera of Wagner. His conversation was singularly free from the vanity of self-display; he was always more desirous of eliciting the opinions of others than of parading his own knowledge. He never spoke ill of others, though he sometimes indulged in expressions of Carlylean vigour towards those with whom he differed on scientific or political subjects. He was an omnivorous reader, and even at social gatherings he would often sit the whole evening absorbed in a book and taking no notice of what was going on around him. He loved a quiet rubber at whist or a tussle at chess with a good player, for he excelled at both these games. Though his manner was rather cold and often repellant, he had a warm heart and was a staunch and steady friend. His patients adored him, for they felt at once that he understood their case, and this inspired them with confidence that he would cure them. Drysdale has for so many years occupied the first place in the homœopathic school, that his loss will be deeply felt, and he has left none behind him who can step into the position vacated by his death.

Yours &c.,

R. E. DUDGEON.

THE BRITISH HOMŒOPATHIC SOCIETY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Seldom has an editorial given me greater satisfaction than that in this month's *Review*. I am really ashamed of the conduct of the "British" Homœopathic

Society. To refuse the *great advantage* of making the *Review*—now our leading homœopathic journal—the organ of the Society because it would cost a paltry additional £10 per annum, is one of the most foolish things the Council have ever perpetrated. I trust that it is not too late for them to retrieve their error. Though I am a subscriber to the *Hospital Reports*, and duly receive my *Annals*, yet I look to my *Review* for *real homœopathic information and news*. To its columns I have contributed since the year 1868, and hope still to do so at intervals. The medical world has two powerful “weeklies” and many “monthlies,” all of which strangle our communications. (That we are still boycotted from the allopathic press I practically experienced last summer, when I had the temerity to offer the *Lancet* a *résumé* of my *Notes on the Climatology of New Zealand*—a paper absolutely free from homœopathy. I received no answer whatever.) *Therefore we must have separate journals*. There is much difficulty in finding among our three hundred men, good original material for our two monthlies; and it is better to have one or two strong journals than several weak publications. Let us all, then, combine to *strengthen the Review*, and make it *the genuine organ of the British homœopathic practitioners*.

Now as to the proposed suppression of the *Directory* of Keene & Ashwell. Your leading article echoes almost the very terms of the protest I wrote to the President of the British Homœopathic Society as soon as I had received the notice of the alteration of and additions to the rules. I also protested vigorously against the suppression of this most useful little book at a meeting of our own Liverpool Society, the majority of whom blindly obey the orders from London in the matter of annexation. For the mistakes and omissions in Keene & Ashwell's *Directory* (Thompson & Capper's being now discontinued—worthy of a better fate!) our own men are entirely responsible. It is necessary to know in what towns or country districts honest, avowed homœopaths are practising. The list of British Homœopathic Society members will in no possible way supply the requirements either of ourselves or of the public. The *Homœopathic Directory* is also very useful in informing us where homœopathic chemists of *repute* exist; for they are to be found in several places where there is no practitioner, and I hope that we all do our best to support these conscientious, deserving, struggling men.

The protest which I asked Mr. C. Knox Shaw specially to be read to the meeting was neither read nor returned to me. When I asked for the letter (in order to send it to your columns) Mr. Shaw coolly informed me that he had destroyed it. I had kept no copy, never supposing that an official com-

munication would be so cavalierly treated, merely because its purport ran counter to the wishes of the majority. But my disappointment is compensated for by the tone of your remarks on p. 531, respecting the practical usefulness of the present little *Directory*—would it were larger! I rather fancy that Messrs. Churchill & Co. would laugh at the idea of the British Medical Association commanding their members to withdraw their names from the *Medical Directory*, and to rest content with a quarterly list of the members of the British Medical Association! I trust my fellow-members in the Provinces will have the moral firmness to continue their names in the *Homœopathic Directory*, or the public will soon and inevitably become imbued with the (not unjustifiable) idea that the old school *has* effectually suppressed the open practice of our system in Great Britain.

Yours truly,

MURRAY MOORE.

Liverpool, September 9th, 1892.

DIABETES MELLITUS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I have just now three cases of diabetes mellitus, and should be very much obliged if any of your readers would give me some help with them.

I will briefly relate the cases.

1. A gentleman, aged 35 years, had sugar in his urine last January, and by the end of February no sugar could be found. He was treated by an allopath, who gave him *salicylic acid* and *opium*, which, however, after the first bottle, he refused to take. He came to me in May. The urine was then free from sugar, and he still continued a strict diabetic diet. He had a few symptoms for which I gave him *silicia*, because when the disease first showed itself, his feet gave over sweating. I gradually got him to return to his ordinary diet. All went well until he took potatoes, when the sugar again appeared. I then gave him *phosphoric acid* 2x, and he did well, and ceased treatment for seven weeks, during which time he afterwards told me sugar appeared occasionally. I have again put him on *phosphoric acid* 2x. The sp. gr. never rose above 1030, and the quantity of urine never exceeded two pints each day.

2nd case.—A young lady, aged 30 years, has had sugar in the urine for two years. At first, it contained as much as 900 grains per diem. She never passed more than two pints, and never had any thirst. The only symptoms she has ever

had have been anæmia and weakness. Now she only suffers from constipation, for which I am giving her *sulphur* 200 night and morning, and *nux vom.* 200 at 11 and 4. She reports that she is better, but the analyst reports that the sp. gr. of urine is 1032, and the quantity of sugar 824 grs. in 45 ounces, the amount passed each day.

3rd case.—Young man, aged 18 years, passes eleven pints of urine per diem. The sp. gr. varies from 1030 to 1010. But there is always some sugar present. The symptoms of which he complains are unquenchable thirst, constipation and weakness. I tried him with *rhus aromatica*, as recommended in Hale's *New Remedies*, but he would not take it. I have now given him *phosphoric acid* 2x. His father has slight diabetes and his uncle died of it. In the other cases, there is no hereditary history.

I shall be very glad of advice as to treatment and the indications for any remedy. In the two first cases, I am surprised at the small quantity of urine passed. I cannot find any cases reported where such a small quantity of urine was passed. In both cases the health is very good, and if it were not for the fact that they know there is sugar in the urine they would not have consulted a doctor. In the third case, the low sp. gr. with the presence of sugar in the urine is interesting, for when at hospital 25 years ago, I was always taught that if the sp. gr. was below 1020 I need not examine for sugar. This low sp. gr. containing sugar is not mentioned in any books that I have been able to read. In none of the cases has the sp. gr. exceeded 1032.

I must apologise for taking up so much of your space, but the cases are of interest to every one; in the second case, several doctors had seen the lady before it was found out that she had sugar in the urine. She never complained of any thirst. My apology for writing is that I have only the last two years begun homœopathy, and find the selection of the right remedy is a *very* great difficulty, but brilliantly successful when found.

I am, Gentlemen,
Your obedient Servant,
ARTHUR ROBERTS, M.D.

Kingswood House, Harrogate.
12th Sept., 1892.

P.S.—Since writing the above, I have been consulted in another case of sugar in the urine. Sp. gr. 1017. Quantity never exceeds three pints, generally about two. She has known for four years that there was sugar in the urine. Is 55 years old, and complains of the following symptoms: No strength, always tired; flushings of heat to face and head;

(menses ceased seven years ago); appetite good; no great thirst; tongue furred and feels scalded; bowels either purged or costive; has a curious undefined pain passes down her arms into end of fingers and down thighs to toes; it does not stop long, but keeps recurring.

NOTICES TO CORRESPONDENTS.

* * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to **Dr. EDWIN A. NEATBY.**

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30. daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Communications have been received from **Dr. DUDGEON**, **Dr. COOPER** (London); **Dr. HUGHES** (Brighton); **Dr. DRUMMOND** (Malvern); **Dr. HAYWARD** (Birkenhead); **Dr. GALLOWAY** (Whitley, Northumberland); **Dr. H. M. SMITH** (New York).

Dr. WITTHENSHAW has removed to 61, Upper Tooting Road, S.W., retaining consulting rooms at 132, Kennington Park Road, S.E.

BOOKS RECEIVED.

"The Best Thing to Do." First Aid in Simple Ailments and Accidents. For Tourists and Travellers at Home and Abroad. By C. J. S. Thompson. London: The Record Press, Limited. 1892.—*The Homœopathic World.* London. September.—*Medical Reprints.*—*The Chemist and Druggist.* London. September.—*The Monthly Magazine of Pharmacy.* London. September.—*The North American Journal of Homœopathy.* New York. September.—*The New York Medical Times.* September.—*The New York Medical Record.* New York. September.—*The New England Medical Gazette.* Boston. September.—*The Hahnemannian Monthly.* Philadelphia. September.—*The Homœopathic Physician.* Philadelphia. September.—*The Homœopathic Envoy.* Lancaster, Pa. September.—*The Clinique.* Chicago. August.—*The Medical Era.* Chicago. September.—*The Medical Advance.* Chicago. August.—*The Minneapolis Homœopathic Magazine.* August.—*The Southern Journal of Homœopathy.* New Orleans. August.—*The Twenty-Sixth Annual Report of the Homœopathic Hospital, Pittsburgh.*—*Bulletin Général de Thérapeutique.* Paris. September. *Revue Homœopathique Belge.* Brussels. June.—*Leipziger Populäre Zeitschrift.* September.—*Rivista Omiopatica.* Rome. July.—*Gazzetta Medica di Torino.* September.—*Homœopathisch Maandblad.* September.—*Annals of Electro-Homœopathy.* Genoa. September.

Papers, Dispensary Reports, and Books for Review to be sent to **Dr. POPE**, 19, Watergate, Grantham, Lincolnshire; **Dr. D. DYCE BROWN**, 29, Seymour Street, Portman Square, W.; or to **Dr. EDWIN A. NEATBY**, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to **Messrs. E. GOULD & SON**, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

THE BRITISH HOMŒOPATHIC CONGRESS, 1892.

THE recent gathering of the British medical representatives of homœopathy at Southport was an eminently gratifying meeting to all who are interested in the progress, and look forward with well assured hope to the future of that therapeutic method for which we are indebted to the genius and patient industry of HAHNE-MANN. The number present was satisfactory. The address of the President met with a reception as cordial as it was thoroughly deserved. The papers read by Drs. HAYWARD, BURFORD, and ROBERSON DAY, and the discussions they provoked, were full of interest to all, and formed a very practical demonstration of the advance which is taking place in the character of the means provided for the study of the *Materia Medica* and for its clinical application, as well as of the influence which medicines, so prescribed, have upon some of the most serious and anxious conditions with which the surgeon has to deal. Of especial interest was the exhibition of Dr. BURFORD's photographs of the morbid growths removed by him at the London Homœopathic Hospital,

and the charts of temperature, pulse, and respiration of the patients, and of the medicines in use at the different periods represented, which were thrown on the screen by the aid of the lantern handled by Dr. ROBERSON DAY.

The address of the President opened with a touching allusion to the cloud which by the recent death of Dr. DRYSDALE hung over the meeting, to the removal from our midst of Dr. DRURY, Dr. ROTH, Dr. BLYTH and Dr. CLARE. With equally good taste and generous appreciation of his invaluable services, did he refer to the unusually heavy loss we have sustained by the death of Major VAUGHAN MORGAN, who has left "both in the London Homœopathic Hospital and in the Eastbourne Convalescent Home, lasting evidence of his remarkable munificence, energy and forethought, and an incentive to others to take up and follow out the work in which he found both his happiness and his reward."

Urging the duty of "intelligently investigating the evidences of our progress," and passing lightly over minor sources from which such evidence might be obtained, he pointed with confidence and pride to that "monumental work" the *Cyclopædia of Drug Pathogenesis*—one which "none but true homœopaths with a firm and earnest belief in the principles they profess would have undertaken the labour of compiling;" and to the volume of *Hospital Reports* emanating from Great Ormond Street, as an indication of progress especially noteworthy not only on account of its therapeutic studies in *Materia Medica*, but from its demonstration of the "appreciable assistance which homœopathy affords to the skill of the surgeon by enabling him to put the patient into the best possible condition to undergo an operation; by promoting recovery from its immediate shock; and by shortening the period of convalescence; and still more by averting altogether, or nullifying when they threaten, those disastrous *sequelæ*, which are so apt to follow the best-devised surgical procedures, and which neither consummate skill nor watchful care have hitherto been able entirely to prevent."

As Dr. RAMSBOTHAM truly observed, these two works mark "an epoch in our history." They mark the commencement of a period when our energies can be more exclusively devoted to development. We are no

longer called upon to be incessantly on our defence. Controversy may "neither conciliate nor convert our opponents," as he said, but controversy has, by its influence on public opinion, compelled them to exercise a degree of tolerance of homœopathy and to extend towards us a measure of courtesy which a few years ago would have been repudiated in terms of malignant, vindictive hatred. Such conduct as was advocated with furious earnestness by the *Lancet* of 40 years ago, it is controversy that has rendered impossible to-day. While still mindful of the motto of the Highland regiment, "Ready, aye Ready," for the defence of our rights as members of the profession of medicine, we are more at liberty now than heretofore to turn from polemical to scientific work. This it is our duty to do; the fulfilling of this duty will be of the greatest advantage to ourselves, and will in time have the greatest influence in leading our non-homœopathic professional brethren to put into action that experimental test which can only be made at the bedside, and which alone can demonstrate the superior results that accrue from homœopathically selected medicines when compared with those following the adoption of the therapeutic medicinal measures taught in the schools. That homœopathy has had a powerful influence for good upon the practice of medicine is almost universally allowed. That the results of the therapeutic work of homœopathic physicians is continually leavening the teaching of therapeutics is obviously true. But the well-known fact that, as Dr. RAMSBOTHAM puts it, "this measure of free trade is too often accompanied, on the part of the consumer, by a contemptuous ignoring of the produce," is not only dishonourable in those who thus pirate our work, but it tends in no inconsiderable degree to render the pirated work ineffectual.

It was from the writings of homœopathic physicians that the idea was obtained that *aconite* was useful in febrile states, a high temperature, hot skin and so on; but, when a brilliant young physician, who had doubtless often availed himself successfully of this hint, lay dying from the fever excited by blood poisoning, and because his temperature was high and skin hot, &c., he took *aconite*, it was found useless as every practitioner of homœopathy could have foretold that it would be. *Aconite* is not a generic fever medicine, but a medicine

specific to a febrile state like that it will excite in health, this *aconite* febrile state does not resemble that arising from *toxæmia*, and therefore has no control over it. Before medical men can secure the good results which homœopaths have obtained from the medicines they appropriate, they must use them in cases not merely of the same nosologically described forms of diseases, but of instances presenting the same symptoms as those in which the homœopath, whose teaching they endeavour to copy, prescribed them. They must, in short, as we all have to do, individualise cases and medicines. Mere empiricism, whether homœopathic or antipathic, is not reliable, though fortunate therapeutic "flukes" are far more common when the empiricism is derived from homœopathic teaching, than it is when drawn from any other source. This lesson we have always trusted, and still hope, will follow in the wake of the piracy which Dr. SYDNEY RINGER was one of the earliest therapeutists to institute, and which has now got a medical journal set afloat by Dr. AULDE, of Philadelphia, all to itself!

Dr. RAMSBOTHAM thinks that the *fact* expressed by the axiom, *similia similibus curentur*, being established beyond controversy, an explanation of that fact, which could be experimentally demonstrated would re-unite the therapeutic force of the profession of medicine. Such an explanation is eminently desirable, and Dr. RAMSBOTHAM gathered up and set in order the fragments that have from time to time been placed before us leading towards an explanation, one moreover from which much is to be hoped, and could we believe, were there any evidence at all that the opposition to homœopathy is of a scientific character, there would be much to be expected from it. But we fear that it is not so, but on the contrary, it is professional, a clearly laid down and organised professional policy as was proved and illustrated by Dr. PERCY WILDE four years ago in this *Review*.* At the moment the great majority of the members of the profession refuse to look at homœopathy, refuse to inquire into the results of its clinical application, because the

* Vol xxxii, p. 406.

editors of medical journals and the leading spirits of medical societies have, in American phraseology, "so fixed things up" that their professional careers shall be blasted if they make any such investigation. Will any scientific explanation of the homœopathic doctrine have the least influence upon such men? We doubt it.

We write this not to throw cold water upon the enquiry which Dr. RAMSBOTHAM urges us to make; on the contrary, we earnestly desire that it should be made. Made for our own advantage, made to further the development of homœopathy, made with a purely scientific end in view and not with the expectation that it will lead to reunion. This will never be brought about until, as the late Dr. Drysdale said, "the majority of medical men return to the behaviour of gentlemen and men of science." Of their doing so within any measurable period of time there is, so far as we can see, little or no indication at present. We regret this, regret it deeply; but too many facts are against the prospect of anything of the kind just yet; and a "fool's Paradise" is the most undesirable of residences.

The few but eloquent words with which Dr. RAMSBOTHAM concluded his encouraging and suggestive address on *Our Progress and our Aims*, characterised as it was throughout, as Dr. HUGHES happily phrased it later in the day, by its "well-constructed sentences and the graceful modulation of the voice in which those sentences were delivered," abundantly justified him in his expression of "faith in the future of homœopathy." An expression of confidence which was emphasised and enforced by the papers of Dr. HAYWARD and Dr. BURFORD, and by the speeches in the discussions they elicited from Dr. HUGHES, Dr. WOLSTON, Dr. CASH REED and others. To these and to the various points they contain for useful reflection our space this month will not admit of our referring. We trust, however, that these contributions towards perfecting our knowledge of the *Materia Medica*, and of applying it in relieving diseases, will receive a most attentive study from every medical man who practises homœopathically, and desires to do this as perfectly as the opportunities which are now within his reach permit of his doing.

THE HOMŒOPATHIC PHYSICIAN AND BOOKS OF REFERENCE.

BY J. W. HAYWARD, M.D.

DOUBTLESS we have all heard that a certain knowing invalid, on requiring a physician when travelling, adopted the rule to enquire at the post office as to which of the doctors of the place received the most professional journals, and he consulted that doctor as the one most worthy of confidence. These were wise acts, for the medical man who is the greatest reader of the books of his profession is likely to be the best qualified for practice. We must all feel that this is especially the case with homœopathic physicians, for we depend so very much upon books of reference for the appropriateness of every prescription we give. In fact, for the selection of the right medicine for any given case in daily practice, we must depend almost entirely upon books of reference; for however good our memory we cannot possibly remember the symptomatology of all the drugs of the *Materia Medica*; whilst the success of our treatment may almost wholly depend upon our selecting the *one* most appropriate medicine.

Now, of medicines we have a great number, and of books of reference not a few; so the question becomes a very important one: Which are the *best* books of reference? Nor is it of less importance to enquire: Which are the most recently published? for our selection of the appropriate medicine is very likely to depend upon our possession of the *latest* as well as the best books of reference. How do we attempt to select the appropriate medicine? It was a happy discovery of Hahnemann and some of the ancients that the poisonous effects of drugs can be used as the determining indication for their selection in the treatment of disease; and we are thankful that Hahnemann seized on this fact, collected and published a number of these effects, and built thereon scientific Medicine.

Though it will be no information to our seniors, it may be interesting to our juniors for me to mention that the first publication of these effects was Hahnemann's *Fragmenta de Viribus Medicamentorum Positivis*, published in 1805, and that the next was Hahnemann's *Materia Medica Pura*, the first edition of which, consisting of six volumes, was published between 1811 and

1821, a second edition following between 1822 and 1827, Then followed his *Chronic Diseases*, in four volumes. between 1828 and 1830, a second edition following between 1835 and 1839. Some of his disciples also published on the same subject: Hartlaub and Trinks published a *Pure Materia Medica*; Stapf, a *Contributions*; Noack and Trinks, a *Handbook*; and Jahr, a *Symptomen Codex*. All these, however, as well as Hahnemann's *Materia Medica* and *Chronic Diseases*, were in the German language, and were therefore not available to the majority of English physicians. It was not until 1840 that they were brought within the reach of English readers. In this year, Dr. A. Gerald Hull, in America, made a rendering into English of Jahr's *Manual*; and in 1846 Dr. Hempel, also in America, brought the works of Hahnemann within the power of English-speaking physicians, by publishing an English translation of them. This was, however, so imperfect that the Hahnemann Publishing Society has issued a new translation, made by Drs. Dudgeon and Hughes.

The form in which all these contributions were published was the same as that of Hahnemann's *Fragmenta de Viribus*; they were, as the name implies, mere fragments of the positive effects of medicaments, arranged under the headings of the various organs of the body; and, as this form was found convenient to the practitioner in adapting the symptoms of medicaments to the symptoms of natural diseases, it was retained; and it was continued in future contributions, no attempt being made to give the effects of drugs so as to teach the sphere of action of each, or to convey an idea of any pathological state any particular drug had a tendency to develop. The consequence was that they did not commend themselves to the profession generally, but rather repelled physicians from their study and use. Moreover, Hempel's translation was a very indifferent production; the rendering itself was frequently erroneous, and several of Hahnemann's medicines were altogether omitted. Hull's Jahr, too, was a very imperfect work. In 1848 Dr. Hempel brought out a re-issue of it, with additions from Noack and Trinks and from subsequent pathogenetic material. Imperfect and inadequate as these works were, they were, nevertheless, the only collections of pathogenetic material available to the English reader;

and they remained so for nearly thirty years. During this time much new pathogenetic material appeared in the medical journals; consequently, as well as being untrustworthy, Hull's and Hempel's translations became also antiquated, so that the English-speaking homœopathic physician had to work with defective tools, which in the matter of health and life and death was a serious contemplation. Dr. T. F. Allen, of New York, therefore, undertook to furnish English-speaking practitioners with a new and complete collection; and he commenced that colossal work the *Encyclopædia of Pure Materia Medica*, the first volume of which was published in 1874, and the last—the tenth—in 1880. This work furnished a fairly good translation of Hahnemann's works, including the medicines omitted by Hempel, and in addition it contained all other available pathogenetic material that had accumulated up to the date of its publication. It is to be hoped, therefore, that every physician, here as well as in America, possessed himself of a copy of this rare and invaluable work. One of the purposes of this work was to collect together all existing pathogenetic material up to date; it had, therefore, necessarily to include some rather doubtful contributions—some chaff along with the wheat; but the sources and authorities for each were carefully and fully given, so that the practitioner might judge for himself as to their reliability. But this work of ten large volumes not only contained unreliable material but was cumbrous and expensive: to bring it within the reach and use of the general practitioner Dr. Allen soon began its revision and abridgment. By omitting all the references and much of the doubtful matter, even though taking in some new material, he managed to compress the whole into one volume, in the form of a *Handbook*, which was published in 1889.

Dr. Allen's *Handbook*, then, may now take the place of his *Encyclopædia* for ordinary practice; though of course truly scientific and thorough physicians will always rather refer to the originals as given in the *Encyclopædia*, especially as the *Handbook* contains—without any distinguishing mark—the material of the *Chronic Diseases*, much of which is not trustworthy.

The *Encyclopædia* and the *Handbook* are both con-

structed on the plan of Hahnemann's *Schema*. Now, the *Schema* plan, though the best possible for enabling the practitioner to discover in the *Materia Medica* the drug whose symptoms most nearly correspond with those of the patient, is, as before stated, very ill-adapted for studying symptomatology and pathology of drugs. From it the sphere of action and the pathological relationships of drugs cannot be learned. To remedy this defect, and to provide a *Materia Medica* from which a knowledge of the genius of drug action may be obtained, the British Homœopathic Society and the American Institute of Homœopathy, after much consultation during the years 1882-3 and 4, agreed to issue conjointly and at their own cost, a revision of the pathogenetic material, and to give the symptoms, not in *schema*, but in the narrative form, just as they were reported in the accounts of the provings, poisonings and experiments. In order to do this work thoroughly and scientifically they availed themselves of the services, as editors, of one of the most able men in each of the two countries, viz., Dr. Hughes, in England, and Dr. Drake, in America, associating with these gentlemen a committee consisting of three of the experts in *Materia Medica* of each country. The work was begun in 1884 and completed in 1891, resulting in the production of a book—the *Cyclopædia of Drug Pathogenesis*—which is the most scientific, the most complete, and most reliable collection of pathogenetic material ever given to the world; is *the* book on pathogenesis. In this book the effects of drugs are given in the same way as is the natural history of natural diseases, viz., by reported cases; so that the student, by reading the detailed reports of several cases together, may learn the action of each drug and the pathological state it is capable of developing, that is, may learn the symptomatology and pathology of the drugs he has to use, just as in his *Treatises on Disease* he learns the symptomatology and pathology of the diseases he has to treat, and which before the issuing of this book he had not been able to do, but which he can do in this book, and in this book only. This is the only book in which the student can follow the gradual development of drug diseases; there is, in fact, no other book in which drug pathogenesis can be studied at all intelligently. In this study it is

essential to be able to read the full and complete details of several cases one after another, as can be done here, and here only.

Other *Materia Medicas*, as we know, have been published, such as Drs. Weber's and Rückert's, Teste's and Hale's *Materia Medica*, Dr. Hempel's *Lectures*, Dr. Carroll Dunham's *Lectures*, Dr. Farrington's *Lectures*, and Dr. Hughes's *Pharmacodynamics*, and others; but these are not "books of reference." They are merely remarks on, or aids to, the study of the *Materia Medica*—expositions, in fact; and the same may be said of Dr. Hering's *Condensed and Characteristic*, Dr. Cowperthwaite's *Text Book*, Burt's and Lippe's *Materia Medica*, and of Dr. Allen's last production, viz., the *Materia Medica Primer*, for in all these the material has been so boiled down and epitomised as to reduce these works to mere aids. They are, however, all very useful in their way, as letting light into the pathogenesies, and pointing out the spheres of action of drugs and their applicability to certain morbid states. There is, certainly, one other worthy of special mention, at least a specimen of what the *Materia Medica* should be, viz., *The Materia Medica Physiological and Applied*, brought out by the Hahnemanian Publishing Society, on the initiative of Dr. Drysdale, or, as I deeply regret to have now to say, the late Dr. Drysdale. This is not only a collection of pathogenetic material, as are Allen's *Encyclopædia* and the *Cyclopædia of Drug Pathogenesy*, but it is an attempt at the production of a complete and ideal *Materia Medica*. In it the pathogenetic material is given in full, with *post mortem* effects when possible: *pathogenetic* "commentaries" are made, which take the place of such lectures as Hempel's, Dunham's, Farrington's, and even Hughes's: the symptoms are also put into *schema*, which is, as already stated, the best possible form for practice: there is an index to each section for finding the individual symptoms; and the lines of the pathogenetic material are numbered for ready reference and verification; whilst to each section is added a *therapeutic* "commentary" with illustrative cases of cure, which latter more than takes the place of the various therapeutic guides, lectures and treatises. We have here, then, in the same volume, pathogenetic material; lectures on *Materia Medica*; *schema*; index; and therapeutics: altogether this is a

sample of what the *Materia Medica* of the future ought to be ; and were it completed, little more would be needed in this department for either student or practitioner. As, however, this is not completed, the *Cyclopædia of Drug Pathogenesis* must, for the present at least, be the book of reference for the student ; and Hahnemann's *Materia Medica*, as issued by the Hahnemann Publishing Society along with Allen's *Handbook*, must be the books of reference for the practitioner, in adapting together the symptoms of drugs and patients. Every physician ought to possess these three books, for without them it is impossible to afford our patients the efficient professional aid they are entitled to expect from us.

But even the three books above referred to, comprehensive as they are, do not meet all our needs. It is true that the symptoms are supplied in Hahnemann's *Materia Medica* and Allen's *Handbook*, and that those of the various parts are arranged under the headings of the different organs so as to facilitate reference to them ; but there are given in Allen's *Handbook* the symptoms of 1,086 different drugs ! How, then, shall we select from amongst these 1,086 medicines the *one* whose symptoms correspond most closely with those of the patient ? Certainly not by a feat of memory ! This is impossible, for the symptoms extend over 1,060 quarto pages ! It may also be true that we may have studied well the *Cyclopædia of Drug Pathogenesis*, and obtained from it a general knowledge of the general as well as the local action of most of the drugs ; we may have learnt in it the genius and pathology of drug action and the course and progress of drug diseases ; but neither are these sufficient to enable us to fit the symptoms of any particular patient to those of some particular drug with sufficient minuteness to bring the case under the operation of the homœopathic law, which comes into action only when the symptoms correspond closely. No, we require something more ; something in the form of an index, or, as it is commonly called, a repertory ; something that will enable us to find any particular symptom and group of symptoms any time we may be in search of them. Of indices, it is true, we have no lack, many have been published, but none of these is all that we need or up to the present day. It is true they are all of some use, but

it is also true that even the latest published is now quite out of date. Of the earlier ones there are Noack and Trink's, Jahr's and Boëninghausen's *Repertories*, and Wrelen's *Index*, these are of course quite out of date. Dr. Allen published an index to his *Encyclopædia*, under the name of Symptom Register—a thick octavo volume of some 1,330 pages; but this was constructed on the impractical alphabetical plan, and has not been found to fulfil the expectations formed of it; besides it refers to the *Encyclopædia* with its unreliable material. Dr. Allen has also brought out a new edition of Boëninghausen's *Repertory*, but neither does this meet our necessities. The pioneer homœopathic practitioners of Great Britain, under the guidance of the late Dr. Drysdale, started one some years ago, but this has not been completed, though it is certainly the best ever projected. Dr. Berridge's is somewhat of an imitation of the British; only two chapters of it have, however, been issued, and they are spoiled by including merely cured symptoms on an equality with the pathogenetic. Gentry's is on the concordance plan, and though in six large volumes of some 1,000 pages each, it is incomplete, inasmuch as it includes only what its author considered to be characteristic symptoms. Winterburn's and Worcester's and Cigliano's, though very pretentious works, are open to much the same objections. Then there are Greig's *Illustrated*, Neidhard's *Head*, Lee's and Simmons's *Cough*, Eggert's *Uterine*, and other topical repertories; all these are, however, now quite out of date, and therefore comparatively useless, and, to a certain extent, they are misleading, because, having been issued before the publication of two of the books with which we have now to work, viz., the *Cyclopædia of Drug Pathogenesis* and Allen's *Handbook*, they do not give reference to the most recent material; they are, therefore, broken reeds, and may fail us in some most critical case.

Dr. Hughes is preparing an *Index* to the *Cyclopædia*, and including in it Hahnemann's *Materia Medica*. This is intended to make the *Cyclopædia* also a book of reference for the practitioner: if it should do this, then the *Cyclopædia*—along with Hahnemann's *Materia Medica*, as issued by the Hahnemann Publishing Society—will become *the* book of reference in daily practice,

and Allen's *Handbook* will be superseded, except to those who rely also on the symptoms of the *Chronic Diseases*. I have seen the beginning of this *Index*, and can say that it promises to accomplish its purpose; and of course it will be up to date, and will refer to the most recent material. To enable us to find special symptoms an *Index* or *Repertory* ought to give not only the symptoms themselves but their characteristics. To give the symptom itself only would generally be of very little use; for instance, if we were seeking a medicine for a case of diarrhœa coming on after meals and accompanied by nausea, vomiting and tenesmus, it would be very little use for the *Repertory* to give us a list of medicines that produce diarrhœa without telling us which does so after meals and with nausea and vomiting and tenesmus. Generally speaking, it is not by the symptom itself but by its conditions and concomitants that the appropriateness or otherwise of a medicine is decided; moreover, the symptom and its conditions and concomitants should not be separated, but should be displayed to view all at once together, and on the same page when possible, so as to avoid the turning over of leaves, seeking the symptom in one place, its conditions in another, and its concomitants in another. Now the only *Repertory* that up to the present has succeeded in doing this is that started by the pioneer homœopathic practitioners of this country, viz., Drs. Drysdale, Russell, Black, Dudgeon, Atkin and Ker, and called the *British Repertory*. In this *Repertory* each symptom is given, printed in ordinary letterpress, and it is followed by a list of the medicines known to have produced it, and the conditions and concomitants are not severed from it, but are added on the same page and perhaps on the same line. By this arrangement the most appropriate medicine may frequently be selected by a glance at one page. And "by the use of a system of symbols," say its authors in the introduction, "we have here a method by which the legitimate demands of a perfect *Repertory* may be satisfied, viz., that every symptom may be given (in cipher) under every aspect in which it can possibly present itself." Of this *Repertory* Dr. J. T. O'Connor, in an exhaustive paper on *Repertories* in the *North American Journal of Homœopathy* for June last, says:—"The plan results in

giving us what is simply a perfect *Repertory*. . . .
If this *Repertory* could be brought up to date
we would possess a *Repertory* of inestimable value.”
p. 348.

With Hahnemann's *Materia Medica*, Allen's *Handbook*, and the *Cyclopædia*, with its *Index*, or the *British Repertory*, the pathogenetic outfit of the homœopathic physician may be thought to be tolerably complete, and it might therefore be supposed that nothing more is needed in the way of books of reference. To a certain extent this is true; but, unfortunately, all the drugs of creation have not yet been proved, nor have those that have been proved been proved so thoroughly and exhaustively as to have revealed all their pathogenetic powers. These can be obtained only by further and more careful provings. In the meantime, therefore, something is needed besides the present pathogenetic material and the *Repertory*. Whilst our *Materia Medica* remains in its present state we must not disregard the results of clinical experience; on the contrary, we must collect “clinical indications,” and use them to interpret the pathogenetic symptoms and to point to the curative spheres; but the clinical and pathogenetic symptoms must not be mixed together or used interchangeably; they must be kept quite separate and distinct, in separate publications. The pathogenesis of some drugs is very extensive, but not very definite; in other words, some drugs produce an immense array of symptoms without developing any definite pathological lesion, so that until some definite disease has been cured by them they can be used only tentatively. But immediately some special group of symptoms has been removed by any particular medicine a flood of light is let into its pathogenesis, and its sphere of usefulness is at once determined. Clinical symptoms are useful in this way. Again, it has occasionally been found that certain diseases, or symptoms, or groups of symptoms, have disappeared under the use of certain medicines, although these medicines have not been known to have produced the simile of these symptoms; of course, from defective proving. Many such instances are reported in our journals. A collection of these should be made, so that they may be used as supplementary to or illuminative of the pathogenesies;

only, however, as supplementary, not as substitutes or on an equality.

These wants have been felt ever since the commencement of homœopathic practice, and many attempts have been made to meet them. Almost all *Materia Medica* compilers, from Jahr to Allen, have attempted to meet them by adding a small circle to the symptoms that have been cured, but not known to have been produced by that particular drug. Even Hahnemann himself attempted to supply the information, in the introductory comments on the different medicines in his *Materia Medica and Chronic Diseases*; and Hartmann, Hartlaub and Trinks, Boëninghausen, Rückert, Bachr, Jahr, Hempel and Beakley, Marcy and Hunt, Hughes, Arndt, Lilienthal, and the authors of the *British Repertory* and others have attempted special treatises on the subject. These have all been found very great helps in practice, and should all, or at least Hughes's, Arndt's, and Lilienthal's, and the different treatises on special diseases, be in the hands of every practitioner. Dr. Lilienthal's is a kind of therapeutic index or *Repertory*; Dr. Hughes's are short lectures on diseases and their treatment; Dr. Arndt's is an attempt—a very successful attempt—at a complete system of medicine, as Marcy and Hunt's had previously been. The *Manual of Therapeutics* of the authors of the *British Repertory* is, however, the best-conceived, and would best meet our needs. The necessity for it was set forth by the late Dr. Drysdale in the *Monthly Homœopathic Review* for November, 1871. Specimens of it have been given in the same journal for February, 1871 and 1873; and the introduction to it was published in the same journal for November, 1891; and if carried out it would perhaps be the best of all, and supersede all others, and render the practising of homœopathy much more easy, certain, satisfactory and successful than it has even already been.

I would then earnestly entreat our young colleagues not only to purchase and use these books of reference, especially the *Cyclopædia* and its *Index*, but also to join in the work of completing the *Materia Medica Physiological and Applied*, the *British Repertory* and the *British Manual of Therapeutics*, which are by far the best-

conceived of all the works I have referred to. There is some satisfaction, sir, in being feeders as well as milkers of the cow that supports us.

DISCUSSION.

The PRESIDENT expressed his satisfaction that the paper had been read, and his agreement with the main purport of what had been said. There could be no doubt that Dr. Drysdale invariably set before himself the highest ideal attainable, and conscientiously strove to arrive at it. The result was that they had in the book which he projected, so far as it had gone, the very best materials available up to the present time. As regards the *Materia Medica Physiological and Applied*, the medicines done were most excellent. He was afraid that at the present rate of publication they would have to begin again when they got to the end.

Dr. HAYLE, after acknowledging the help he had derived from a book recommended to him by Dr. Hayward, said he had found Lilienthal's work very helpful in choosing medicines. He could not say that he loved *Repertories*. (Laughter.) He had often thrown them down in disgust, with a more confused notion of the medicine required than when he went to them. In a very simple case, with possibly only one symptom, they might be consulted with advantage, but he strongly advocated a thorough study of all the minute details of every case, and a thorough grounding in pathogenesis, as far safer than relying on *Repertories*. Take the symptoms, find out the parts affected and the cause, and they had a very great help in choosing their medicines if they knew the medicines tolerably well. It would be a great help to put the characteristic symptoms of each drug after the medicine. A distinct list of aggravations and ameliorations would be a decided advantage.

Dr. MURRAY MOORE said he had found many points of difficulty in the application of their *Repertories* to homœopathic practice. He thought the principal difficulty was to avoid the Scylla of too great generalisation on the one hand, and on the other the Charybdis of such particularisation as they sometimes found in the writings of the high dilutionists. They found that the twitching of an eyelid or the movement of a nostril was a sufficient indication to guide them to the selection of a medicine in the treatment of, for example, pneumonia. The medical training of the present day was directed to the finding of a pathological meaning for every symptom, and their younger men were fatiguing themselves in seeking after interpretations. With a *Materia Medica* in an

advanced state of preparation, and especially with the *Cyclopædia of Drug Pathogenesis*, they need not waste time in trying to interpret every little symptom. He had derived great help from Dr. Drysdale's most able definition of symptoms—absolute and contingent. He believed he had in his study practically the great majority of the works mentioned, but he had hitherto kept at hand for use two—Allen's *Index* and the *Cypher Repertory*. The latter required a considerable amount of preliminary drudgery to enable them to master the cypher, but when this had been done it was by far the most satisfactory work of reference. (Hear, hear.) But it was impossible to take a *Repertory* on one's rounds, and sometimes they came across an unexpected symptom which it was necessary to treat, or the patient might seriously suffer. For this purpose he had found two most useful works to be the latest edition of Johnson's *Key*, a most useful and reliable little book (hear, hear), and the edition of Boenninghausen brought out by Dr. Timothy Allen, and which had been made to include the later medicines. This, however, was more general in its scope than the other. By taking these two little books on their rounds they could very often solve a difficulty, and it was always possible to make a more detailed study of the case later on. He exhorted all their younger colleagues not to be satisfied with pathological generalisation, but to go in both for a correct diagnosis of the case and a careful observation from day to day of a particular symptom. He had found great advantage from following up Hahnemann's famous direction—in a chronic case treat the last group of symptoms first, and work backwards. He had known that mode of procedure to solve a difficulty and effect a cure over and over again when he had been otherwise baffled in chronic cases.

Dr. HUGHES said his great source of satisfaction in listening to Dr. Hayward's paper had been that it recalled them from the empiricism into which they were all apt to fall—into which many had, from manifest indications, fallen of late, and none more so than the so-called Hahnemannians—back to the genuine method of Hahnemann himself, the true homœopathic practice of studying their pathogenesis, of referring to it by such repertorial aids as they could get, and then treating their case upon the real principle of *similia similibus curentur*. Incidentally, might he ask Dr. Ramsbotham if he would mind reconsidering the use of the word *curantur*. Dr. Dudgeon had shown that Hahnemann never used that phrase, which was of doubtful Latinity, but always said *similia similibus curentur*. Well, that, as he said, was the true original method of Hahnemann, the true homœopathic

mode of practice. They could not always carry it out. It was an ideal from which they must fall sometimes. They must occasionally resort to empirical modes of treatment and empirical remedies. They were compelled in certain circumstances to get their remedies in any way they could. But they should ever be holding up the ideal, ever be aiming at it, and here was the great advantage of such a paper as that which they had just heard. It put Hahnemann's method before them in its purity and simplicity, and called upon all of them to rise to it. He thought the prime evil of their literature in the present day was in the intermingling of pathological symptoms with clinical ones, with the note of distinction which was formerly used omitted. The practice was becoming more and more common. He believed the bad example was first set by the late Dr. Lippe in his *Materia Medica*, and it was becoming pretty universal in the American publications. It was not done so much in English works, certainly not in German or French. Dr. Allen, the leading authority at present on *Materia Medica* in America, had protested against it in the strongest terms. He said there had been no more pernicious source of poisoning of their *Materia Medica* than this practice of mixing up the clinical and pathogenetic symptoms. (Hear, hear.) They talked about medicines having this and that symptom without thinking of how they came to have them—about this medicine being such and such a symptom, without explaining how it came to lose its own identity, and become such a symptom. No; let them use the clinical symptoms as freely as they needed, but let them know what they were doing, and know that they were departing for necessary purposes from the pure ground of symptomatology and *similia similibus*, and were getting their remedies from another source. The recommendations of Dr. Hayward, if followed out, would prevent them from falling into the habit he had condemned, and he hoped they would all be induced to aim at the high ideal which he had sketched out to them, and enjoy the real force and potency of homœopathic laws.

Dr. Wolston joined in thanking Dr. Hayward for a paper which he believed would have a good effect, especially on the rising practitioners of homœopathy. Passing on to give an illustration of their indebtedness, not to one book but to many, Dr. Wolston said it was close on 20 years ago that he received, one Sunday evening, a telegram asking him to see a young lady in Yorkshire. She had been his patient in Edinburgh, and had gone for a holiday. He had heard of her being ill, and at this date it transpired that she had been very seriously ill for six weeks, and was now considered at the

point of death. Her two brothers, both doctors, were in attendance upon her—one was now a professor of *Materia Medica* in a well-known University, and the other a well-known practitioner of homœopathy. Reaching York about one o'clock in the morning, he had 20 miles to go, and arrived at his destination about four o'clock. The brothers met him, and said they were glad to see him, but they were afraid it was too late. He learnt that for six weeks there had been persistent vomiting. The patient was a young lady, about 20 years of age, a little delicate, and now emaciated to the last degree. Her brothers thought she certainly was dying, and she had a very dying look. Every remedy which they could suggest, from both points of the compass, allopathic and homœopathic, had been tried without the slightest effect. Any suggestion which he made between 4 a.m. on the Monday morning and 11 o'clock in the forenoon, from their side of therapeutics was equally valueless, and the vomiting was incessant. Of course the question was, what was the origin? Every likely cause was considered. The stomach did not seem to be much affected, but the peculiarity was this—that with a perfectly clean tongue and the ability to take food, no matter what was put into the stomach it was immediately rejected, the vomiting being always preceded, however, by a flushing of the face, and a certain rapid turning of the head, either to the right or to the left, which he could not, at this lapse of time, remember. Having no *Repertories* with him he went to York and saw his old friend Mr. Nankivell. He told him the history of the case, spent two solid hours with him over *Repertories* and works on *Materia Medica*, and at length they came to the conclusion that there were three remedies covering the case. The one that was the most perfect *simile* was, he must confess, the last remedy in the world one would ever have thought of suggesting—common flint, *silica*. Taking with him a book or two he went back, met the two brothers, and told them the result. *Silica* was certainly the medicine indicated, and it covered the case most thoroughly. They were both incredulous. Whoever heard of giving *silica* to cure sickness of six weeks' duration? He reasoned with them, pointing out that they admitted their sister to be a dying woman, and adding, "I think, if homœopathy be true we shall see what it can do." About 6 p.m. they gave the patient a dose of *silica* 6, the only form they had with them. In one hour she vomited and they gave her another dose. She had not taken it fifteen minutes before she fell into a profound slumber, a thing unknown for six weeks, and slept through the whole night

When he went again at eight o'clock on the following morning she questioned him eagerly as to what it was he gave her, and described the effect of the first dose as that of something immediately "going into every part of her body," and having a calming and soothing influence. She had, in fact, turned the corner. There was no more vomiting and she made a good recovery. One of the brothers, who had before been inclined to homœopathy, became a firm homœopath, and he went back to Edinburgh more than ever impressed with the value of works of reference. (Applause.)

Dr. PORZ hoped the reading of Dr. Hayward's paper would prove the starting-point for the *Manual of Therapeutics* which had now been projected for some 28 years. As Dr. Hayward remarked, the plan for such a work was published in the *Homœopathic Review* for 1871, and the last number of the *Review* containing any work by the late Dr. Drysdale was that in which appeared the paper on the projected volume, by Drs. Drysdale and Gibbs Blake, published last November. The Homœopathic Publishing Society could not do a better work than appoint sections of the work to different medical men in different parts of the country, ask each to make a special study of the part assigned to him, and from this to prepare a useful therapeutic paper upon it, on the lines which Dr. Drysdale and Dr. Gibbs Blake had laid down. Now that the *Cyclopædia of Drug Pathogenesis* was completed, and progress has been made with the *Index*, the *Manual* should be taken in hand at once. The *Materia Medica Physiological and Applied* could really very well wait for the present, but in the *Manual of Therapeutics* they had a practical scheme which could be proceeded with. A couple of years ought to see them with a very good work of that kind, provided the task were placed in the hands of men who would not only undertake it but see that it was carried out. A twelve-month's spare time ought to enable anyone to produce a very useful paper, and he would be very happy to afford space for two or three specimens in different numbers of the *Review*.

Dr. MADDEN also hoped that a practical result of the paper would be to hasten on the completion of what Dr. Hayward considered their three best reference works. Dr. Hayward urged the juniors to take up the work, but he (Dr. Madden) was inclined to think they would be more valuable and trustworthy as coming from the hands of those who could bring to the task the fruits of their own knowledge and experience, than if they were merely in the form of a compendium from the writings of others. If a committee of the Homœopathic Publishing Society, or some other body, could assign different subjects to men who could give them special treatment, he

saw no reason why they should not have as good a book on homœopathic therapeutics as Reynolds's *System of Medicine* was to allopathic practitioners.

Dr. BIRD drew attention to a practical difficulty which he had experienced in consulting works of reference in the presence of patients. There seemed to be an opinion that the homœopathic practitioner ought to know from his own experience what was needed, and it appeared to weaken the confidence of patients to see them referring.

The PRESIDENT, before calling on Dr. Hayward to reply, said, in employing the phrase referred to by Dr. Hughes, he adopted the form which he thought most familiar among them. Probably the other form was correct, but it occurred to him that it would be perhaps a little pedantic were he to depart from the familiar rendering of the motto. Turning to the discussion, he said in all probability there were few of the older practitioners who made much use of reference works in the presence of patients, and in the case of one or two younger men in his own district who had been in the habit of doing so, the same difficulty had been felt. He recommended the younger practitioners to have more self-confidence, and make a note of their patients' symptoms, and study their reference books at home. It would probably lead to greater confidence on both sides. As to the mixing up of the clinical symptoms with the pathological, he was very glad to hear Dr. Hughes condemn the whole thing. It had often occurred to him in regard to these clinical symptoms, if they were not in the pathogenesis of the remedy, their disappearance in the course of the treatment by that remedy might be a coincidence, and hardly a consequence. He hoped that they would get rid of these clinical symptoms entirely in the *Materia Medica* of the future.

Dr. HAYWARD, in reply, expressed his acknowledgments for the reception accorded to his paper, though he would have liked to hear more of their colleagues express themselves, as Dr. Hughes had done, on the merits of the three classes of books. Dr. Hayle said the symptoms of *Repertories* were taken from diseases.

Dr. HAYLE: I mean the diseases which are set up by medicines.

Dr. HAYWARD, continuing, said he wished all *Repertories* to be from the pathogenetic material—(hear, hear)—and when they looked at their *Repertory* they ought to know that the symptoms were not those which had disappeared during the treatment of a disease, but those which had appeared during the proving. Dr. Moore had referred to John-

son's *Key*, which was a very handy little work, having both the pathogenesis and clinical material together, but he feared there was too much tendency to take these little handbooks, which were rather written for laymen, instead of going to the original pathogenesis. As medical men they should take the *Cyclopædia of Drug Pathogenesis* and the *Index* to that, and treat their cases scientifically, and not take two or three domestic treatises and proceed as they would expect their patients to do if they were treating themselves. He thoroughly agreed with all the remarks of Dr. Hughes. Dr. Wolston had given an effective illustration of the necessity of a *Repertory*. It was all very well to say they had read over the medicines in the *Cyclopædia*, and had an impression that such and such a medicine would do. Dr. Wolston had no impression that *silica* would do till he turned to the *Repertory*. As Dr. Clifton had just pointed out to him, in Boenninghausen's *Repertory* by Allen, every one of the symptoms named was mentioned. Yet they cried out against *Repertories*, and complained that it was too much trouble to search them, a mistake to trust to them, and so on! They could not do without a *Repertory*. It was impossible to think over the symptoms of 1,036 drugs. They must have an *Index*, and they called that a *Repertory*. Abandon the name, if it was so objectionable, and take Dr. Hughes's name, "Index," instead. After explaining that steps had been taken by the Publishing Society that morning to proceed with the *Manual of Therapeutics*, as recommended by Dr. Pope, the speaker agreed with Dr. Madden, that men of experience were best qualified to undertake therapeutic work, while the younger men were able to give capital assistance with the pathogenetics. As to the weakening of confidence, he did not believe that any patient who knew anything about homœopathy would object to a practitioner consulting his repertory when taking down symptoms, turning over a leaf or two, and making a note of a medicine that cured them. If he wasted a lot of paper in making notes of references, and then prescribed a medicine that had no effect, they might grumble, but they would not mind his looking in a hundred books so long as his treatment was successful. He strongly appealed to them to give a practical application to the work of Dr. Hughes, and not content themselves with merely making use of a few handbooks, which, if they would allow him to say so, was hardly creditable to them as homœopathic practitioners.

ON FIFTEEN SUCCESSFUL CASES OF AB-
DOMINAL SECTION DURING THE CURRENT
YEAR: WITH SPECIAL REFERENCE TO
THE THERAPEUTICS OF PREPARATION
AND OF CONVALESCENCE.

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Hospital.

Section I.—*Introductory.*

A TWELVEMONTH ago I stated for your consideration a series of propositions anent the proper functions of surgery and of medicine. These generalisations were constructed as bases to delimit the respective spheres of therapy and of surgery in the elimination of morbid processes. To-day, I submit to your criticism the results of some original work in a cognate field, showing how surgical success may be assured and amplified by therapy as an accessory. My investigations have been made in a region where surgery has been the constant factor and therapy a co-efficient of indefinite power. And in the narration of observed facts I hope to supply you with pabulum for reflection more mentally nutrient than if derived from fleeting impression or hasty generalisation.

In all scientific investigations certain mental disciplines are essential, and work to endure for all time must be done with a single eye to truth. I found in the history of Philosophy and in the history of Science a record of the evolution of methods for observing and accurately interpreting facts. I found further an elaborate record of the mental processes—or their lack—which have culminated in chimera, unsound principle, and baseless conception. The study of nature is by no means an easy and *dilettante* pursuit to be worked by inconsecutive labour and desultory method. The discovery of facts and the correct interpretation of their relations have occupied the greatest intellects of all time. We see how science stumbled and halted until Bacon infused a logical method into its work. We see how the science of medicine remained absolutely infertile until Hahnemann discovered a law analogous in its value to the law of gravitation to the physicist. The discovery of facts and

the correct interpretation of their relations constitute also the fundamental work of the physician.

Evolution in Homœopathy.

Homœopathic therapy is passing through a transition epoch analogous to the great ice age, and the crushing, and grinding, and pulverising of terrestrial matter are paralleled by the demolition of claims and statements which cannot endure the pressure of destructive criticism.

The dawn of the new era in medicine was sufficiently brilliant to dazzle the vision of slower intellects than those of the early homœopathic propagandists. A new epoch had suddenly opened to them; a new unifying conception had now been discovered for them. Henceforward was the reign of homœopathic law in medicine exclusive and sufficient. Dowered with more experience and less enthusiasm, their successors have not always been able to develop the roseate views of the earlier homœopaths. Let it not be supposed that the life history of homœopathy is in this way unique; it has exactly followed the well known course of evolution paced by all exact sciences. Our particular sphere of scientific work is scarcely yet a century old, and the conjoint processes of addition and elimination have been ceaselessly in action up till now. The test of verification has been never more rigorously applied than of late years. To the labours of our *patres conscripti* we owe recently a classical record of fact which has restricted but deepened our foundations. And those among us with a scientific imagination hope fervently for ampler developments of homœopathic laws, which shall be to the generalisation of similia as the second and third laws of motion are to the first, or operating as reciprocally as the standards of geological time and the periods dealt with by the biologist.

Our special study to-day is with homœopathic therapeutics in laparotomy—an almost untrodden field, in this country, or at most hitherto a research marked by few and inconsequent contributions. I will endeavour to lay clearly before you the conditions of things which are to be dealt with; and by way of example I will cite my own usual practice suggested by a careful study of cases hitherto coming under my hand. But having stated the conditions, I ask and invite your valued co-

operation in adding other remedies to my repertory, or in indicating other uses for remedies already in vogue. We will first consider the sphere of prophylaxis.

A Study in Prophylaxis: General Preparations.

Prophylaxis for laparotomy resolves itself into a careful study of the personal equation of the patient, and a survey of the normal resources of the organism against traumatism, and as aiding recuperation. For the latter, hygienic measures are required; for the former, therapeutic aids are demanded. All the components of vital resistance should be raised to a maximum in order to produce the capacity of maximum resistance to traumatism. Assimilation, excretion, circulation, respiration—each and all must be rendered as nearly normal as possible to ensure a minimum irritability of the tissues. First and foremost come the character of food, and the digestive functions. It is highly desirable to plan the dietary on the scale of nutriment necessary for developing tissues, and to adjust the standard far back in the scale of development. Milk, cellular fruits, cereals, fish—these are the prime elements of a typical diet; and a preponderant element of nitrogenised food should be strictly avoided. The farther we recur to the original type of food for the organism, the more we lighten the labours of assimilation, and the greater we reduce the vulnerability of the tissues. We now regard indigestion as maldigestion; and the charging the blood and tissues with foodstuffs in various stages of retrograde metamorphosis is at this juncture scarcely a judicious proceeding. The excretory functions of the organism require no less perfect supervision. A prime factor in easy convalescence is an emptied intestine with good absorptive power. The cases that mostly go wrong from sepsis are those in which a definite tendency to constipation exists. Nor is the mischief to be easily remedied by a hasty purgation after the signs of toxæmia become apparent. At least a week should be preliminarily devoted to the thorough evacuation of the primæ viæ; and this requires a bi-daily intestinal discharge. The kidneys offer us still better evidence of the eliminative power of the body. Spencer Wells long since pointed out that the type of case where the renal secretion was scant and lithates abundant generally gave trouble. To increase

the separation of the watery elements of the urine, and to raise the elimination of the solid elements to normal, are in these cases concerns of the highest moment. The dietary restrictions already enumerated find here their fullest justification; and the copious ingestion of bland fluid at intervals during the day is a plan of great utility. The cardiac and respiratory functions as resistant to traumatism require in their turn careful and discriminating attention. The sudden lowering of intra-abdominal tension; the separation of extensive adhesions; or undue protraction of operation, may induce a state of shock from which it is not easy to resuscitate the patient. Though, as in obstetric practice, the co-existence of a permanent cardiac crippling, or a respiratory block, is no contra-indication to anæsthesia, or a properly planned operation. Operative relief, in fact, is frequently the one thing needful to allow circulation and oxidation to proceed normally.

On lines such as these can the normal resources of the organism, as resisting traumatism and aiding recuperation, be developed and freed from hindrance. From my experience I believe the chief desiderata are to establish a normal hepatic action, to thoroughly unload the intestines, and to ensure a condition of free secretion into the gut manifested as loose stools. Further, to discharge from the tissues the irritative products of mal-digestion, or of resorption from a torpid gut; to raise the renal secretion, both qualitatively and quantitatively, to the normal; and to ensure as healthy a digestion as possible beforehand. Over and above these constant quantities come a series of variables. A cardiac lesion must be narrowed within minimum limits, a respiratory block relieved and diminished, a renal drain of albumen checked or abolished, and any other pathological condition remedied, as tending to encroach upon the resources of the organism against the stress and strain of operation.

Prophylactic Therapeutics.

Hitherto I have dealt only with measures designed to produce a condition of natural bodily health that is the maximum attainable. As homœopaths, we require something further, and by a scheme of specific medication

to produce an artificial immunity, more or less complete, against the risks of operation. Abdominal section being completed, three furies lie in wait to imperil the convalescence of the patient from the surgical traumatism. Shock, hæmorrhage and peritonitis may singly or collectively induce a lethal termination. Our prophylaxis to be productive must have these definite processes in view, to diminish or nullify the risks of these invasions. All are the product of traumatism, and as narrowing the range and lessening the intensity of the surgical impact we have certain well-tried drugs. Foremost in the list of vulneraries stands *arnica*. I make it my routine practice when time is not urgent to administer *arnica* for some days beforehand. Most of the cases to be described have passed through such a preparatory stadium, but after prolonged comparative observation, I have come to the conclusion that it is by no means the chiefest prophylactic. Many cases do just as well without; and in others it seems to protect in not the least ascertainable degree. This is only tantamount to saying that its range is limited; and I am not prepared at present to delimit that sphere of action. Generally, however, I may state that where it has been given perseveringly beforehand I have seldom observed either shock or hæmorrhage to complicate operation. It does not in any degree protect against peritonitis; but I believe it does exercise a certain power against the occurrence of stitch abscesses. These often so troublesome sequelæ are with me exceedingly rare. And when its action is not blocked by a chronic toxæmia from constipation, I believe also *arnica* tends to the easy union of the parietal incision. Briefly, then, under the *arnica* régime, we very rarely have either shock or post-sectional hæmorrhage, or suture abscesses, or any but primary union. Having said so much, I believe I have indicated its working powers. It will not in any way, shape or form hinder the onset of the operator's chief dread, peritonitis. Nor is it expectable that it should do so, seeing that this type of peritonitis is always septic, and the leading factor against sepsis is not so much a reduction of the vulnerability of the tissues as a stimulation of the absorbing and digesting power of the peritoneum. Let us solve this double-faced problem, and it will not be only by reducing the liability to sepsis but chiefly by increasing the resources of the peritoneum

against it. *Arnica* helps us in the former ; it has no power in the latter sphere.

I earnestly desire a remedy which shall be the effective complement of *arnica* in the hands of the abdominal surgeon, which shall so energise the lymph mechanism that digestion and absorption of albuminoid peritoneal matter shall be raised to its maximum, which shall lessen also the easy effusion of serum from the blood vascular system ; and so, by removing its pabulum, extradite the lethal coccus.

SECTION II.

The Average Course of Convalescence after Abdominal Section.

The anæsthetic lethargy usually endures for a couple of hours, broken only by an occasional fit of emesis. During this time the equable and steady pulse, the regular respirations, and the reviving circulation indicate the commencement of systemic reaction after the shock of operation. All patients experience some measure of shock, from a degree that is fugitive and inconsiderable, to a measure that is protracted and severe ; and prophylaxis finds here its fitting vogue in controlling the intensity of shock. For milder degrees of this nerve depression I prescribe *arnica* each half hour, and for severe degrees *tincture of strophanthus* so long as the symptoms last. But during the maximum period of shock general measures are of most avail.

Usually in about six or eight hours the opposite condition has well declared itself, and for the torpor of the organic functions we have substituted the phenomena of reaction. The temperature rises slightly, often scarcely more than a degree ; the pulse becomes full and bounding, the face flushed, the eye bright, and the skin freely perspiring. Withal there is a certain amount of restlessness, and the post-anæsthetic vomiting continues.

During this period is largely determined the actual issue of the operation. It is now that vascular ruptured adhesions becoming turgid with blood may leak ; that retractile tissue may recede from the control of the ligature ; that the stimulus given to peritoneal secretion and the simultaneous capillary dilatation may result in pouring into the serous cavity a quantity of fluid albumi-

noid effusion. This is the rich pabulum on which the toxic organisms of the admitted air proliferate; and in their rapid development they excrete as a by-product a ptomaine so lethal, that the unhappy sufferer in from 36 to 48 hours dies with all the symptoms of poisoning by *muscarin*, a process we call peritonitis, but with which peritonitis has very little, sometimes nothing, to do. It is death from septicæmia.

In estimating the probability of the accession of septicæmia we have to do with two independent variables. These are (1) the presence in varying degree of the external factors determining septicæmia; (2) the degree of effective resistance manifested by the organism to the septic process. With the former, therapeutics have little to do; it is a question of planning surgical technique so as to exclude as completely as possible septic influences. With the heightening of the capacity of resistance normally possessed by the organism, therapeutics finds its fitting sphere. When I tell you that 19 out of 20 deaths after abdominal section are from this selfsame septic process, you will see that this vital resistance is the actual pivot on which the issue turns.

How to increase the effective resistance of the organism—this is the problem. It can only be solved by stimulating the factors which make for prevention, as after the initiation of the septic process there is no known form of therapeutic treatment of any certain avail. The peritoneum has now become an increasingly active manufactory of alkaloidal poison, and absorption goes on at so rapid a rate as to speedily kill. The type of poison is that which produces inhibition and paralysis of the sympathetic ganglia. We see this in its effect on the cardiac mechanism, which manifests a progressive hurry, increasing until it runs into bursts of irregularity, and finally, after uncountable rapidity, ceases from sheer exhaustion. We see it again in the paralysed and distended right heart, inco-ordinate with the left, with the full venous and the empty arterial system, with the dusky facial blush, the dilated pupil, and the chilled extremities. It is manifest in the vomiting, first occasional, then frequent, and finally incessant; in the drenching perspirations, and the almost abolished renal secretion; in the paralysed and distended gut, and the alvine lethargy. The remedy, or combination of remedies,

is yet to be found that will cope effectually with this dread catalogue of symptoms.

The question of increasing the effective resistance after operation against sepsis, narrows itself to the best means for ensuring a dry peritoneum and an invigorated peritoneal digestion.

To this end I prescribe *belladonna* and *merc. corr.* in half-hourly alternation for some 24 hours, and then at hourly intervals. I have every reason to be satisfied with the co-ordinate action of these remedies. They have carried my patients safely through some very evil crises; and no substitution has in my hands worked nearly so effectively. I have tried *bryonia* and *veratrum viride*, and *arnica* in place of one or other; but mostly with conspicuously lessened success. And for the purpose of controlling the reactionary storm, lessening the serous effusion incident to every operation, and so keeping a relatively dry peritoneum, I know no better plan of practice.

Our allopathic *confrères* recognising the same necessity, endeavour to work, and often very effectually, by increasing the absorptive power of the peritoneal mechanism, stimulating the absorptive power of the portal vein, compelling the liver to disgorge before disintegration the complex albuminoid molecules thus carried to it, and producing an increased secretion from the intestinal walls. In other words the peritoneum is dehydrated by a smart aperient. I am bound to yield my sincere testimony to the frequent efficacy of this plan of treatment. But I ask you, gentlemen, accomplished therapeutists, to furnish us with a less gross and more refined means for effecting the same end. Catharsis will not always save: and the increased resistance of the organism to its operation is at this juncture often most disquieting. The indications are plain: an increased absorptive activity by the peritoneum, a rapid and complete oxidation or an early disgorgement by the liver of the raw pabulum brought to it, a quickened ingress into the intestine—these are the prime requisites.

What remedy, or what combination of remedies, will effect these objects by methods less gross than those cited? To this problem, gentlemen, I invite your earnest consideration.

My friend and colleague, Dr. Cook, of Richmond, has made a step in this direction by suggesting the frequent inhalation of oxygen so soon as septic influences are manifest. The man who will effectually suppress septicæmia after abdominal section will gain for himself immortal renown, and the thankful plaudits of hosts of patients.

It is seldom that any other conditions call for serious or prolonged medication. For vomiting I administered no remedy, believing that it materially aids the elimination from the system of the secondary products of the ether. For hours afterwards the vomited matters often have a marked ethereal odour, and the sooner this agent is eliminated from the organism the better.

Any bladder irritation about the 5th or 6th day is effectually dealt with by *cantharis*; and on the 7th day the patient has the intestines evacuated by enema. Thereafter the abdominal section may be said to be completed.

I have often watched the easy convalescence of the better class of cases after ovariectomy, charmed by its ease, its continuity, and its symptomless career. I know no serious medical lesion where after crisis the recovery is so uniform and uneventful. Our aim is to bring all cases up to this ideal recovery; and while on our part no improvement or re-modelling in the surgical technique will be neglected, on your part we desire a fraternal assistance in furnishing us with remedial agents to safely avert disastrous tendencies ere they rise to crises of importance.

(Clinical cases in continuation, illustrated by temperature charts in next issue.)

DISCUSSION.

The PRESIDENT, inviting discussion on the paper, said he was thankful to have heard it. It was exactly what had been wanted, showing as it did how great were the benefits of homœopathic therapeutic measures when applied to surgical operations. Many of the points raised were most interesting, although to discuss them all would take up too much time.

Dr. MADDEN thought the most practical field of enquiry lay in the treatment of septic fever. Had Dr. Burford tried Dr. Drysdale's preparation of *sepsin*, which seemed the only medicine, if they could call it such, that had ever been known to produce true septic fever? He would also like to ask if he

had tried serpent poisons? He (Dr. Madden) had been woefully disappointed with *sepsin*, but he had seen some unusually good results from *lachesis*.

Dr. POPE would like to know whether, in these septicæmic cases, Dr. Burford had used *crotalus*, and used it in the 3rd decimal, so that he might be sure of getting some of it? One friend of his, Prof. Talbot, of Boston, owed his life entirely to *crotalus horridus*, given to him on account of septicæmia arising from a dissection wound. He took no other medicine, and his recovery was most complete, and considered very remarkable both by his friends and himself. He (Dr. Pope) had long hoped that they had in *crotalus horridus* a medicine which would enable them to cope with that terrible bugbear—septicæmia.

Dr. CASH REED said he hesitated to rise thus early in the discussion on one of the most interesting papers he ever heard read, but his excuse must be that he had the honour of conducting the first ovariectomy at the Devon and Cornwall Homœopathic Hospital, and might perhaps give the results of his experience in that and subsequent cases. Since that time, a year or two ago, they had carried out a series of successful operations, and he might briefly put before them one or two points which they had learned by careful observation, as to how the risk of septicæmia might be diminished. He need not dwell in detail upon preparatory measures, the necessity for which would be obvious, but he would just mention first among the points to be observed, the preparatory rest and dieting of the patient, and point out the studious attention given to the general nutrition and tone of the patient during a residence of some two or three weeks in the hospital prior to any surgical interference. In the second place, he explained that when an operation was about to be performed, before it was commenced, the room was permeated with a spray of carbolic acid from a steam atomizer. The temperature of the apartment was carefully maintained at 70°, and the patient was kept warm by means of hot bottles and an abundance of flannel. He laid the utmost stress upon this latter precaution, as by it "shock" is lessened, and the danger of "collapse" minimised; by thus keeping the surface of the body from being cooled down, the powers of resistance are augmented. Thirdly, he pointed out that an element of safety is found in the reduction to the shortest possible length of the abdominal incision. In the cases which had been operated upon at the Devon and Cornwall Hospital they had dispensed with the drainage tube. Perhaps the most important point, however, in view of the progress of the case was the giving of ice only for the

first 48 hours. They had adopted this as a rigid rule, and in practice had found it of the utmost service. The rough handling which the peritoneum could sustain without danger was, to his mind, remarkable. In one case which came under his notice there was literally not a square inch which was free from adhesion, and consequently the stripping of this structure over such an extensive area was well calculated to cause apprehension; there were, however, no after symptoms traceable to this cause. The contents of the cysts, in the cases which had come under their observation, had varied from $1\frac{1}{2}$ to $4\frac{1}{2}$ gallons of fluid, not to mention the more or less solid structures which some had contained. In conclusion, he would like to refer to one case having some analogy to those which the author had referred to in his most interesting paper, viz., that of a large fibroid tumour, which presented the appearance like that of a very large foetal head in the vagina. It was ascertained to be continuous with the *fundus uteri*, and by the advice of an eminent surgeon it was decided not to adopt surgical interference. Frequently the patient became auto-infected by the absorption through the vaginal mucous membrane of the foetid discharges set up and maintained by the presence of this large prolapsed mass. Various measures were adopted with temporary relief, and the patient went into the country to seek rest and change. She was able to walk some distance, and on one occasion overtaxed her powers. On returning home it was found that the large mass had become completely procident. Advice was sought, but the patient died within a few hours from shock. He mentioned the case because he felt that, in the light of the knowledge gained from the paper they had just heard, should such a case again present itself, he would not have one moment's hesitation in performing hysterectomy.

Dr. J. W. HAYWARD said he would like to add his testimony to the value of the paper they had just heard. This, although a surgical paper, was to a very large extent a therapeutic one. Dr. Burford had done good service in bringing before them the danger from septicæmia. Adverting to what Dr. Burford and Dr. Pope had said on this subject, Dr. Hayward stated that his own experience, as well as that of others, fully justified the use of *crotalus* in these cases. He had confidence, too, that the 6th dilution would answer every purpose. He could say this positively, from a long experience, and he felt satisfied that if in these cases they would resort to *crotalus* immediately they would find the recoveries extraordinary—far more so even than with pyrogen. The latter they had used a good deal in Liverpool,

and had found its action somewhat uncertain. One difficulty was that they had not a really certain preparation. They in Liverpool had used it as prepared by their own chemist, and in some cases there had been no question as to its potency. The reason, on the other hand, why many of them had been disappointed was that they did not obtain a reliable preparation. He was satisfied that they had in this country a reliable preparation of *crotalus*, and he would recommend its use in all those cases of which they had been speaking. He would, however, ask them in speaking of the preparation of *crotalus*, in this country, to discard the idea of its being *crotalus horridus*. It was seldom they got a *crotalus* from which to take the venom that was really *crotalus horridus*. He was somewhat responsible for the present stock of *crotalus* in this country, and he knew that most of it, in fact nearly all of it, was taken from the *crotalus durissus*. It would be better, therefore, to speak of it generically as *crotalus*.

Dr. J. MURRAY MOORE observed that Dr. Burford had only used *veratrum viride* once in a case of operation, and had been disappointed with it. On the other hand, he (Dr. Moore) had the greatest confidence in this remedy from repeated experience of its success in preventing septic fever after abdominal surgical operations. He narrated the particulars of one case by way of illustration. The patient was a maiden lady, aged 70, who had a bi-ocular ovarian cyst of large size and 16 years duration. The pains from pressure on the nerves and blood vessels becoming so agonising as to be intolerable, Dr. Moore advised either tapping or section. Dr. J. D. Hayward, in consultation, took the same view. The patient being very nervous, emaciated and weak, it was thought best to commence with the minor operation of paracentesis. Two-and-a-half quarts of purulent and serous fluid, mixed, were drawn off, July 26th, with instant relief to all the symptoms, and the reduction of the girth of the patient's abdomen by four inches. The patient is now able to walk about, and even travel. On the evening of the day of the tapping the temperature rose to 101.5°, and the pulse to 100. *Veratrum viride* and *bell.* in alternation every hour brought down both to the normal in 24 hours. In his opinion *veratrum viride* lowered both pulse and temperature in inflammatory fever without weakening the heart's action so much as was done, in the case of some sensitive patients, by *aconite*. *Strophanthus*, he added, was a new remedy, which produced very characteristic *sphygmograms*, and deserved careful attention from scientific homœopaths. Its sphere would be found to lie between those of *cactus* and *digitalis*.

Dr. WOLSTON thanked Dr. Burford for, and congratulated

him upon, a very interesting and valuable paper. They could congratulate themselves, too, upon having among them men who were able to take bad surgical cases in hand, and deal with them in a way which could not have been done a few years ago. (Applause). It used to be their fate to have opprobrium flung at them from all sides in some such terms as these:—"You think you know how to use medicines, but you do nothing with your fingers." The fact that they had now among them men like Dr. Burford and Dr. Cash Reed on one side, and Mr. Knox-Shaw and others in a different direction, made it impossible to truthfully say this of homœopathy at the present day. They had the help of surgery, with the immense advantage of the right application of therapeutics. Dr. Burford had just put before them some very good results. He (Dr. Wolston) might mention one case that had come under his notice in which the operation of oophorectomy was undertaken for a malady which did not very often occur. He alluded to hystero-mania. There came under his care in Edinburgh a young lady who, for nine years had suffered from this malady in its very worst form. She had been under the care of one of their most distinguished *confrères* in London, and had been homœopathically treated for a good many months. It was thought she was cured, but the malady broke out afresh, and with greater frequency—first once in twelve months, then every six, and at last every two months. The attacks were very sudden. He might say that literally in a moment, from being apparently in perfect health, she would break out into a condition of the wildest imaginable hystero-mania. The maniacal condition rendered it necessary to get five or six men to hold her down. So bad became the case that he had first to transfer her to the D. T. wards of the Royal Infirmary, and finally to Dr. Clouston's care at the Royal Edinburgh Asylum, and there she was for very many months. The worst phase of the attack would last for six, eight, or ten days, during which the patient would be in a condition of the wildest mania he ever saw in his life. When he first saw her, thinking the disease might have a uterine or ovarian origin, he made an examination, and thought he detected decided enlargement in the region of the ovaries. He thereupon had a consultation in Edinburgh with Dr. Halliday Groom, who also examined her, but did not agree with him as to there being anything of an ovarian nature. Dr. Clouston said the case was hopeless from a medical point of view. He admitted that what he (Dr. Wolston) suggested was to be thought of, but suggested the desirability of waiting awhile before operating. They waited eighteen months. The case grew worse, and three

months ago (said the speaker) the operation was performed. Dr. Halliday Groom removed both ovaries in a very diseased condition, the largest, the size of a walnut, being in a state of chronic inflammation, and the left about half that size, and firmly bound down by adhesions. The condition of the ovaries at once led Dr. Groom to pronounce the operation in his judgment perfectly justifiable, apart altogether from the mental condition of the patient. From the operation she had recovered perfectly, and five weeks after it returned to her home, feeling better than she had ever done. A year or two must elapse before any deduction can be drawn from the case, which, if successful, will mark a new epoch and departure in abdominal surgery.

Dr. BURFORD, the time for discussion being fully exhausted, in reply, simply thanked the members of the Congress for the attentive hearing they had given him, and Dr. Roberson Day for the very great trouble he had taken in the matter of the lantern slides, which he hoped had met with their approbation. (Applause.)

REVIEWS.

Syphilis in Ancient and Prehistoric Times. By Dr. F. BUSET. Translated from the French, with notes, by A. H. Ohmann-Dumesnil, M.D. In three volumes. Vol. I. F. A. Davis: London and Philadelphia. 1892.

It has seldom been our duty to peruse a book that has given us so little satisfaction. In fact, it is difficult to conceive with what useful purpose such a book could have been written. The motto at the commencement, "*Nihil sub sole novum*," can not only be applied to the subject of the book, which we presume is intended, but also to its contents, for there is nothing new suggested in its treatment. The reader's pardon is asked for leading him into "*literary cloacæ*," and with much reason, for the author seems to have collected some of the choicest (!) passages in the pagan writers bearing on this at all times unsavoury subject. It would appear it is intended not only for professional but lay readers, by a certain class of whom no doubt it will be eagerly devoured. But, we repeat, no useful purpose will be served. A quotation from a single passage, in which the unfortunate victims of syphilis are described as "*walking masses of rottenness*" will serve to illustrate the *style élevé* of the author. His ignorance of, and contempt for homœopathy, are displayed in the chapter on treatment in a manner too foolish to be amusing. The sweeping and wholly unwarrantable deductions from passages in sacred history, and

the gratuitous irreverence with which those records are treated, are unscientific and paltry.

The translator has here and there added a note, but he cannot be congratulated on letting such passages as we have alluded to pass without comment. We regret to hear that there are two more volumes to follow.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE first ordinary meeting of the British Homœopathic Society for the present session was held at the London Homœopathic Hospital on Thursday, October 6th, the President, Dr. Galley Blackley, being in the chair.

Dr. BLACKLEY in opening the session informed the members that since the last annual meeting the Council had met, and had appointed Mr. Knox Shaw as Secretary of the Society, and that Dr. Hughes had very kindly undertaken to be editor of the *Transactions of the Society*. He was sure those present would be pleased to hear that that evening they had had twenty-eight applications for admission to the Society.

Mr. ROWSE showed a specimen of a larynx obtained from a fatal case of typhoid fever in the hospital under Dr. Blackley. Tracheotomy had to be performed for severe and urgent dyspnoea. The specimen showed œdema of the aryteno-epiglottidean folds and a suppurative perichondritis with the cricoid cartilage lying bare in the abscess cavity.

The PRESIDENT thought the case appeared to be a perichondritis allied to the periostitis so common after typhoid fever.

Dr. BYRES MOIR had never seen a tracheotomy needed in typhoid fever before. Periostitis was generally a sequela: this occurred during the acute stage.

Dr. DUDGEON then read a paper entitled "Stammering Heart."

This affection has been noticed by some authors, particularly Dr. Latham, under other names. Its definition is: irregularity of heart's action without ascertainable morbid conditions of the valves or muscular substance of the heart. It was to be understood that this affection was not a disease but rather a habit. A common form of it was shown in intermittent pulse. It occurred at all periods of life. The author showed sphygmograms of intermittent pulse from a child of two years old, and from other persons of all ages up to 85. The irregularity was sometimes permanent, sometimes temporary. Besides

intermittent pulse, which might be called "stammering," there were other irregularities which might be called "stuttering." He showed examples of both. Medicinal treatment seemed to be of little or no use. The stammering heart, even where persistent, might often be changed to normal action by anything that increased the rapidity of its beats, such as violent exercise, fever and alcohol. The temporary irregularity would sometimes cease for hours, days, weeks and even years, and then without ascertainable cause return and last just as long. Though the affection often alarmed the patient, and sometimes even the doctor, it was not dangerous, only sometimes disagreeable. He mentioned a case where the stammering caused its victim a great deal of apprehension, and his fears were confirmed by an eminent specialist he consulted in London. The author assured him there was no danger, and induced him to continue his usual occupations and think no more about it. He did so, and after years of irregularity his heart became quite regular. The stammering of the heart did not seem to be influenced by the state of health of other parts, for he had seen many cases where the stammering was in full operation when the patient was apparently well, and where the pulse was normal when the patient was suffering from dyspepsia, catarrh, &c. He exhibited numerous sphygmograms taken from persons subject to different kinds of stammering heart, and concluded by expressing his opinion that the affection was not more dangerous than the stammering and stuttering voice, and that the best treatment was to assure the often alarmed patient that he might continue his usual mode of life without troubling himself about his irregular heart.

Dr. BYRES MOIR thought that some of these cases ended in organic cardiac disease. He felt sure Dr. Dudgeon was right in advising these patients not to give up work. He had observed the stammering in children, and had found that they quite lost it in later years.

Dr. DYCE BROWN alluded to the neurotic element to be found in these cases. He thought that these cases sometimes ended in heart failure. He also referred to cases where bruits existed without any organic disease of the heart, and classed them with the cases under discussion. He had found *lycopus* a useful medicine in these cases.

Dr. CLIFTON would have thought from some of the tracings that valvular disease of the heart existed.

Dr. CARFRAE, too, entertained the suspicion that some organic lesion existed in some of the cases.

Dr. HUGHES thought that cardiac symptoms were referable either to the substance of the heart or to its nervous supply, and

that the question was best determined by the concomitant symptoms and the history of the patient. He asked if Dr. Dudgeon believed that where patients were conscious of the intermission of their heart's beat, the intermission was functional only, and was due to some extraneous cause; while in true intermission—in heart disease—the patients were not conscious of the failure of the heart.

Dr. MADDEN thought there could be no doubt whatever that intermittent action *per se* was essentially an affection of the nervous system. His experience had taught him that irregularity was the least important of all heart symptoms as regarded serious prognosis. He considered exercise of the heart as a muscle was most important in strengthening it.

Dr. GOLDSBROUGH believed that cases of purely functional affection of the heart such as Dr. Dudgeon described were extremely rare. There must be some organic disturbance that was not discoverable by their ordinary diagnostic methods. He had found *lachesis* of great value in attacks of irregular heart.

Surgeon-Captain DEANE referred to the large number of soldiers who were yearly invalided from the army for palpitation and irregular action of the heart of unknown cause. He would like to know to what extent civil practitioners met with cases turned out of the army. He feared many of them developed organic heart disease. He thought that this cardiac condition was aggravated by the unhygienic conditions in which the soldier often lived, and by the tobacco he smoked.

Dr. ROBERSON DAY did not know whether the palpitation of puberty came under the head of stammering heart. He had found *strophanthus* 1x satisfactory in cases of irregular heart.

The PRESIDENT thought that they were all agreed that the heart was a good deal more of a nervous than a muscular organ, and that these irregularities depended upon disturbances of the nerves of the heart and must be attacked from that side. He alluded to the irregularity of the heart observable sometimes in cases of advanced nervous disease. He was quite certain, from several cases he had seen in hospital practice of old soldiers who had come with irregularity of the heart, that their troubles had been originated and kept up by the use of tobacco.

Dr. DUDGEON, in reply, said that a good many of those who had spoken had mistaken what affection it was of which he was speaking. Palpitation of the heart was an increased action of the heart without any stammering. There was no question in any of the cases he had brought forward of any bruit, there were no abnormal physical signs whatever on auscultation. With regard to medicines, he had never found any medicine of

any particular advantage in the particular affection which he had described. In the stammering heart the irregularity was sometimes felt very acutely and sometimes not at all. The irregularity due to tobacco and that observed in puberty, was not the stammering heart he described. These irregularities were not, as far as he could discover, attended with any morbid symptoms.

Dr. BURFORD read a communication on, and showed a specimen obtained from, a case of ectopic gestation successfully treated by abdominal section, with especial reference to the absence of urgent symptoms and the existence of a highly dangerous suppurating foetus in the peritoneum.

A short communication was read by Dr. Morrison on "Germ Contagion," illustrative of the length of time the anthrax bacillus retains its activity in grass upon the open field.

HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of the Hahnemann Publishing Society was held prior to the meeting of the Congress, under the presidency of Dr. HUGHES, of Brighton. The annual report, read by the secretary, Dr. J. W. HAYWARD, showed a balance in hand of £81 10s. 11d. The report and accounts were adopted.

Dr. DUDGEON brought forward the desirability of bringing out a new and revised translation of Hahnemann's *Organon*. The translation, which he made a good many years ago, was out of print, and on re-examining it he found a good many points, the rendering of which might, perhaps, be made clearer and more exact. He did not mean to say that it was incorrect, but some of the phrases might be modified and brought into more exact accordance with the original. Other translations had been published, but they did not give such a clear idea of what Hahnemann intended, as a more literal and faithful translation would do.

Dr. HUGHES: He believed Dr. Dudgeon would also add in an appendix a good deal of information obtained from his comparison of the five editions.

Dr. DUDGEON: That is so. I should also avail myself of the very able comparison of the different editions which was made in the *British Journal of Homœopathy* some time ago by our excellent friend, Dr. Hughes.

Dr. HUGHES: I mention this because our American brethren, after the international Congress, desired that a message should be sent to Dr. Dudgeon, asking him to give us the benefit of his researches in the old editions of the *Organon*. This will be an opportunity of responding to their wish.

DR. DUDGEON said he had also received several letters from influential men in America begging that he would give a translation.

DR. BLUMBERG: Has no new edition been published in German?

DR. HUGHES: No; we have heard rumours of a new edition, but it has never seen the light.

DR. DUDGEON: We heard that Madame Hahnemann was in possession of one, and communications were sent begging her to bring it out. She said she could not do so unless she retired entirely from practice, but if the followers of Hahnemann in England would supply her with an income equivalent to that which her practice produced she would do so!

DR. HAYWARD: There are hopes that this new edition would have a sale in America?

DR. DUDGEON: I think so—from the requests I have received.

DR. HUGHES pointed out that Dr. Hayward's "Ear" chapter of the *Repertory* was finished, and if there were sufficient funds he thought they ought to publish it, if only in recognition of Dr. Hayward's efforts.

DR. DUDGEON: I would not like Dr. Hayward's "Ear" chapter to be put aside altogether, though I think on the question of priority the *Organon* should come first. The work has been rather longer out of print, and is also in more general request.

During further discussion it was pointed out that if £120 could be raised—including the sum in hand—the Society could publish both, and

Dr. DUDGEON suggested that if the "Ear" chapter were to be republished, the "Eye" chapter should appear as well. In reply to a request that he should undertake its preparation, he said he should be most happy to do so, if there was any probability of its being published within the natural term of his life. (Laughter.) The labour would be rendered easier by the fact that he had his original part interleaved, and many additions and corrections made.

DR. HUGHES: Shall we go on and publish the two now ready—the *Organon* and the "Ear" chapter?

DR. A. CLIFTON: I propose the "Eye."

DR. HUGHES: We shall have to make an extra call.

DR. CLIFTON: Well, make it.

DR. HUGHES: I think that had better be a matter for subsequent consideration.

DR. CLIFTON then proposed that the two now ready be published.

DR. BLUMBERG seconded.

DR. DUDGEON said if they had a re-arrangement of the

"Ear" chapter it would be necessary to do the same with the chapter on the "Eye." He was not altogether favourably impressed with the separation of the two parts. They separated the chronic diseases from the other provings.

Dr. HAYWARD: It was settled at the last Congress that the chronic disease symptoms must be introduced into the *Repertory*, but they must not be mixed up with the *Cyclopædia* symptoms. I have consequently made my "Ear" chapter from the *Cyclopædia* and Hahnemann's *Materia Medica*, and then afterwards taken the symptoms of the chronic diseases, and added them at the end of each section. I have put under the name of each medicine, when it is derived from the *Cyclopædia*, the number of the page at which it appears there. No number being given implies that the symptom is taken from Hahnemann's *Materia Medica Pura*.

The resolution was agreed to, and it was also decided to republish the *Introduction to the Cyclopædia*.

WORK OF COMMITTEES.

The Secretary reported that the *Materia Medica* committee had done nothing. The only *Materia Medica* work on hand was on *colocynth*. The *Repertory* committee was engaged on the "Ear" chapter, "Nose" chapter, and "Urinary" chapter, and had a promise from Dr. Wilkinson, of Bolton, to undertake that on the "Lower Extremities."

Dr. HUGHES said with regard to the work of the Therapeutic Committee, he had a tender feeling, on account of the peculiar interest taken in it by their dear and lamented friend Dr. Drysdale, whose loss overshadowed that meeting with a sadness which they must all feel. He felt sure it would have been a source of satisfaction to him to have foreseen that some steps would be taken with this work. He had been referring to his old *Reviews*, and he found that in 1873 and 1875 it was thought that the Therapeutic part of the *Repertory* was to be taken in hand immediately, and that it would be a most valuable acquisition to their literature. Twenty years had passed, but nothing had been done. Could they not devise some means of taking this work in hand at once? They wanted something which should be to the clinical and practical side of Homœopathy what the *Materia Medica* and *Repertory* were to the consulting side. They had an immense fund of clinical experience embodied in their homœopathic journals and literature, and he would suggest that the first step was a complete collation of their clinical material, such as was made by the late Dr. David Roth in Paris, under the title of *Clinique Homœopathique* by Dr. Beauvais. If different men would undertake this collation of clinical records, they could be sent to some central committee for compilation in a suitable form.

Dr. DUDGEON remarked that homœopathic literature was now so extensive that a detailed work would probably be much more than they could accomplish. It struck him that the Hahnemann Publishing Society, like the road to a certain place, was paved with good intentions.

Dr. A. CLIFTON said some two or three years ago he ransacked the *British Journal of Homœopathy*, the *Monthly Homœopathic Review*, and several other publications, and was so utterly shocked by the clinical experience which he found recorded there that he gave up the record altogether. Three-fourths of the cases published would not bear examination.

Dr. HUGHES : Of course I am proposing that it should be a critical collation.

Dr. CLIFTON : It was difficult to find anything worthy of notice ; there had been so much taken for granted. We have not been criticised enough as regards our cases, and I confess I think very little in our literature, great as it is, would be found worth reprinting.

Dr. HUGHES : I think Dr. Clifton carries his scepticism a little too far. Why not have a critical collation, including all genuine cases, but omitting those in which coincidence may have played a prominent part ?

Dr. HAYWARD proposed that the scheme be accepted, and it was accordingly agreed that with a view of carrying out the Therapeutic part of the *Repertory*, application be made to homœopathic medical men throughout the world to take the journals of their respective countries, and give a critical collation of the clinical material therein contained.

Dr. HUGHES promised to communicate with their colleagues on the continent and in America, and said he hoped by the next meeting to be able to report that a good deal had been done.

The committee and officers were re-elected, and it was agreed that the time and place of the meeting should be that of the Homœopathic Congress.

MEETING OF THE WESTERN COUNTIES THERAPEUTICAL SOCIETY.

A MEETING of the above Society was held at Plymouth on 24th June, 1892, at the Devon and Cornwall Homœopathic Cottage Hospital and Dispensary. Present :—Drs. A. S. Alexander and W. Cash Reed, of Plymouth ; Dr. S. P. Alexander, of Southsea ; Dr. G. Norman, of Bath ; Dr. A. M. Cash, of Torquay ; Drs. Bodman and Nicholson, of Clifton.

After a pleasant water excursion in the morning, the members met at Dr. Reed's, who kindly entertained them to

luncheon. They then adjourned to the hospital for the meeting, and finished the day by dining at the hospitable board of Dr. A. S. Alexander.

On meeting at the hospital, Dr. A. S. ALEXANDER read a paper on "Benign and Malignant Nasal Tumours," and gave a demonstration by microscopic sections of the degeneration of myxoma into sarcoma.

Dr. NORMAN expressed thanks for the paper, and the sections were studied with much interest by the members.

A number of clinical cases were then shown:—

1. Vitiligo; man, æt. 25; chronic; much worse since influenza, with cerebral symptoms; white patches showing pigment atrophy. Treatment by *arsen*.

2. Sinus on chin, probably communicating with abscess maxillary bone.

3. Sinuses on thorax and left forearm, preceded by indigestion for years, which latter subsided on appearance of abscesses.

4. Man, æt. 30. Dr. Reed's case. Anchylosis and swelling right knee from accident four years ago. Some improvement after massage. Breaking down adhesions under chloroform was suggested as the next treatment, and some members expressed assent.

5. Woman, æt. 25. Dr. Alexander's case. Fracture left ilium from a fall out of a window. The pressing symptom was excessive dysuria, which was promptly relieved by *hypericum* 1x.

6. Man, æt. 30. Dr. Reed's case. Hydrops articuli left knee, and cured by evacuation of serum by puncture under carbolic spray, and girth reduced from 15 to 12½ ins.

7. Woman, æt. 45. Dr. Reed's case. Cystic swelling on floor of mouth.

Dr. NORMAN then read a short paper on "The Neurotic Element in the Treatment of Disease," after which there was a discussion.

Dr. NICHOLSON said that Dr. Norman had given to pathological prescribing more criticism than praise, but in his (Dr. Nicholson's) opinion it needed developing rather than neglecting. A practitioner who thinks little of pathology is negligent of diagnosis, on which the general treatment of the case so much depends. He would therefore give to pathology the first place both in general therapeutics and drug prescribing, the latter to be modified by the symptoms, both mental and physical, of the patient. There are many cases where the mental symptoms are prominent, and must govern the prescription, but in his experience we may overlook the mental symptoms in the majority of cases, treating them as

merely sympathetic, like a headache which accompanies a fever or any slight disorder.

Dr. ALEXANDER, referring to Hahnemann's advice in the *Organon*, par. 158, to pay almost exclusive attention to the characteristic symptoms, said that in the case in hospital of fractured ilium, *hyperic.* was chosen both pathologically and symptomatically. He agreed with Dr. Norman that the genus of the drug should suit the genus of the patient, and that, for instance, it was not sufficient to give *bryonia* for an inflamed sero-fibrous membrane or *phosphorus* for a pneumonia on a purely pathological basis. If there were found two drugs of equal value, the one should be preferred which had mental symptoms to correspond. He said Hahnemann recommended *thuja* for sycosis, *mercury* for gonorrhœa, and *sulphur* for psora on a pathological basis, and yet the drugs generally have the characteristic symptoms of the diseases. He thought a prescription should be based on a tripod of three leading symptoms.

Dr. BODMAN considered that to have a complete picture of the disease we must have both pathology and symptomatology, and instanced pneumonia, where we commence by choosing, say, three drugs, *bry.*, *phos.*, and *ant. t.*, and then distinguish by mental and other symptoms. He thought it important that the genus of the patient and that of the drug should correspond.

Dr. S. P. ALEXANDER said that in hysteria and some diseases there was no pathological basis, and hence mental symptoms necessarily were the most important.

Dr. A. M. CASH read the following short notes on the subject of

"NEUROSES,"

and Dr. NORMAN replied, agreeing with Dr. Cash in the importance of mental symptoms considering the huge increase of neurotic disease. Though the members agreed in the general principles of prescribing he still thought we were too ready to prescribe pathologically.

Neuroses are an increasing class of diseases, and more and more likely to become common as both pressure, competition and strain for existence increase.

CAUSES.—In *children*—*examinations* and *school pressure*.

In *women*—the strain of early child-bearing before organism is matured.

Sexual disability, *alcoholic tippling*, use of *narcotics*, *hypnotics*; *menorrhagia* and *metrorrhagia* directly act in causing *anemia of spinal cord*, a root from which many neurotic diseases spring. Example: A lady who suffered severe uterine loss in early life and then developed pseudo-asthmatic attacks, and attacks of most violent prolonged gaseous eructations.

Dr. Goodhart, in the Harveian lectures of 1891, deals exhaustively with the subject. He divides *dyspepsia* into two classes :

1. That caused by over-eating and drinking.
2. That caused by *loss of tone*.

This latter is the *dyspepsia* of the milder south. Dr. Cash finds it requires such remedies as *ignatia* and *cocculus* in contrast to *pulsatilla* and *antim. cand.* for the grosser mucous dyspepsias.

In *constipation* purgatives only make matters worse by increasing exhaustion of nerve power. A strong mental emotion will succeed here, as in one case where everything failed in a lady whose bowels only moved on the days she expected a visit !

Other neuroses are the *anorexia nervosa*, *constant sense of fatigue and idea of suffering pain*—which exist where there is no disease.

Then as to *medicines*. *Ipecac.* is a great general remedy for diminishing the hyperæsthesia and morbid sensitiveness of the system.

In a recent case of *religious melancholy* with *threatening paraplegia*, with varicosis of legs, when *aurum* was tried and failed, *ignatia* and *hyoscyamus* helped greatly, specially by restoring sleep which is generally defective in this class of case. Here, by giving a few good nights you re-establish the mental balance lost during the insomnia.

Natrum muriaticum is extolled in melancholia by Dr. Tolcott of the New York Insane Asylum.

Dr. Croucher, in the *Review* for 1889, gives a case of *clonic spasm* in a mason quickly cured by *gelseminum*. Dr. Cash had had a severe case of *tonic spasm of arm*, followed by *pleurosthotmos* cured by *hyos.* and *cupr. acet.*

A case of *amaurosis*, followed by *vertigo* and *exhausting vomiting*, when life was threatened, Hutchinson had diagnosed a cerebral tumour, caused by prolonged nerve strain, was cured by *silicia* in high dilution after the case seemed hopeless. So *gelsem.* gave like result in a case of *menopausal vertigo* which had defied treatment previously.

Anacardium is good in *want of confidence*, *anxiety* and *loss of memory* ; it restored a young lawyer to health and to his profession when this had been relinquished from such a condition of mind.

Lachesis—great key-note—*worse on waking*; cured severe *frontal headache* thus occurring after *bell.* and *glon.* had failed. So in a case, now under care, of *cardiac palpitation* in an irritable heart, where its soothing and invigorating action is well marked.

A neurotic girl had intense burning *gastralgia* with *red, irritable tongue*, looked like an *arsenicum* case. *Arsen.* helped a little, but failed to do much good. *Capsicum* was then given without much effect; finally cured by *acid oxalic* 6x. gtt. ij. *ter die*.

NOTABILIA.

THE BRITISH HOMŒOPATHIC CONGRESS.

In our last number we published the opening proceedings of the meeting at Southport. In addition to those mentioned as being present there were Dr. Bird, of Cardiff, and Dr. C. Huxley, of Birmingham.

After an interval following the President's address—

Dr. HAYWARD, of Birkenhead, read the paper which, with the discussion that followed it, will be found at p. 650 of our present number.

At the conclusion of Dr. Hayward's reply on the discussion, the Congress adjourned for luncheon, to which those present were generously entertained by their Southport *confrères*. After luncheon,

The PRESIDENT moved a cordial vote of thanks to Dr. Blumberg, Dr. H. L. Blumberg, Dr. Stopford and Dr. Storrar, who had entertained them in so hospitable a manner.

Dr. DYCE BROWN seconded, and the proposition was carried by acclamation.

Dr. BLUMBERG, in the names of his fellow practitioners in Southport as well as on his own behalf, said they had the greatest possible pleasure in seeing them there on what would hereafter be a red-letter day in the history of Southport. He trusted that its attractions would fulfil the anticipations of their visitors. In conclusion, he invited them to spend a portion of their spare time in paying a visit to the Children's Hospital, perhaps an unique institution of its kind, and of which he gave some further particulars at the dinner in the evening.

A photograph of the company was afterwards taken, a group being formed on the steps in front of the hotel.

AFTERNOON SITTING.

Business was resumed shortly after two o'clock, the attendance being now slightly increased by late arrivals.

Dr. DYCE BROWN read the minutes of the last meeting, which were duly confirmed, and Dr. HAYWARD read the following report of the proceedings of the Publishing Society, which was adopted on the motion of Dr. HUGHES, seconded by Dr. MADDEN :—

“ At the meeting held this morning the Secretary reported that Dr. Jones was progressing rapidly with the preparation of the chapter ‘Nose’ for the *British Repertory*, and Dr. Simpson with that of ‘Urinary Organs and Urine.’ Dr. Hayward had completed the chapter on the ‘Ears,’ and had submitted it to the Publishing Committee; and Dr. Wilkinson, of Bolton, had promised to prepare a chapter on the ‘Lower Extremities.’ Dr. Ellis, of Liverpool, was engaged in preparing ‘*Colocynth*,’ for the *Materia Medica, Physiological and Applied*. The secretary also reported that the ‘Introduction’ to *The British Manual of Therapeutics* had been published in the *Homœopathic Review* for November last; also that the funds in hand at the present time amounted to £31 10s. 11d. Dr. Dudgeon mentioned that as the English translation of Hahnemann’s *Organon* was out of print, he had prepared a new and improved edition, which he offered to the Society for publication. It having been remarked that the chapter ‘Eyes’ of the *British Repertory* had been out of print many years, Dr. Dudgeon offered to prepare a new edition. After some discussion it was agreed to publish the chapter ‘Ears’ of the *Repertory*, prepared by Dr. J. W. Haywood; the *Organon*, prepared by Dr. Dudgeon; and the original ‘Introduction’ to the *Repertory*; and for these purposes the treasurer was authorised to apply for a subscription from each member of the Society. It was also agreed to accept Dr. Dudgeon’s offer to prepare the chapter ‘Eyes’ for the *Repertory*. Dr. Hughes proposed that the *Manual of Therapeutics* be proceeded with without delay, and he promised to procure the assistance of our colleagues in America, France, Germany and Belgium, &c., at the same time expressing the hope that our English colleagues would assist by collecting the clinical experiences recorded in the English journals. After some further discussion this was agreed to.”

THE NEXT MEETING.

Dr. HUGHES proposed that the next meeting of the Congress be held at Manchester.

Dr. MOIR seconded.

Dr. G. CLIFTON thought as they were so near Manchester on this occasion they could very well afford to defer the meeting there till the Ship Canal was opened. (Laughter.) He moved that the next meeting be held at Northampton. He urged that the town was centrally situated, so that it could be conveniently reached, both by northern and southern members, and said he felt sure that his brother, who had represented homœopathy there for a great many years, would have great pleasure in assisting in the necessary arrangements.

Dr. HARRIS seconded, and said he did so on one or two grounds which were sometimes lost sight of in the selection of a place of meeting. The first point was accessibility. Those meetings which had been held in the most central towns had always been best attended. The Manchester members had to a great extent availed themselves of the opportunity of attending the present Congress. Another point, and one which Dr. Clifton would naturally feel some little diffidence in mentioning, was that his brother, Dr. A. Clifton, who was their representative in Northampton, was one of the oldest and one of the best homœopaths in England. He had fought a very up-hill battle, and had made homœopathy respected, not only in his own town, but throughout the whole of the Midland district.

Dr. DUDGEON moved that the next meeting be held in the metropolis. He thought it was an understanding among them that every other Congress should be held in London. He had no objection to meeting in Northampton after the next Congress; it would be a very desirable place. But he thought it would meet the convenience of most of the members if the next meeting were held in the metropolis. All roads led to London, but only one road led to Northampton. (Laughter.)

Dr. MADDEN seconded.

Dr. HAWKES supported Northampton. Dr. A. Clifton had done great service for homœopathy, and he thought they could not do less than fix their meeting for 1898 in that town.

Dr. DYCE BROWN said as a general principle he was in favour of their meeting as frequently as possible in London, where they invariably got the largest attendances. Still, they had to consider others, and as Dr. A. Clifton had done so much for homœopathy and had been such a staunch representative of their principles he for one should be delighted, if Dr. Clifton desired it, and thought it would be for the benefit of Homœopathy, that they should meet at Northampton for the next Congress.

Dr. HUGHES intimated that after what had been said he would be willing to withdraw his proposition in favour of Northampton.

Dr. J. W. HAYWARD supported Northampton, and thought the holding of a Congress there would be for the advantage of Homœopathy in that town. He was satisfied that it was well to meet as a rule where there were not too many practitioners. Wherever they went, except perhaps London, there was a tendency to lose the full attendance of the local practitioners. They went on with their work, and dropped in when they

could. Even this meeting, so near Liverpool, had kept away nearly all the Liverpool men until the afternoon.

Dr. WOLSTON also spoke in favour of Northampton, and on a division, after seven votes had been given for London. Northampton was selected by a large majority.

Dr. A. CLIFTON said he had no idea that it was the intention of any gentleman present to propose Northampton, and he thanked all who had spoken in its favour. He need not say that no effort would be spared on his part to make the occasion worthy of their choice, and as there were not numerous local attractions, as in some other cases, he trusted that plenty of useful work would be done.

ELECTION OF OFFICERS.

The Congress then proceeded to the election of a president for the ensuing year, and on a ballot, Dr. HAWKES, of Liverpool, was declared elected. The announcement was received with applause, and Dr. HAWKES thanked the Congress for his appointment. At the suggestion of Dr. HUGHES, seconded by Mr. HARRIS, a unanimous request was made to Dr. A. CLIFTON to accept the office of vice-president for the ensuing year. Dr. CLIFTON acceded to the wish of the Congress, and on the motion of Dr. DYCE BROWN, seconded by Dr. G. CLIFTON, Mr. WILKINSON, of Northampton, was appointed local secretary. On the motion of Dr. HUGHES, seconded by Dr. J. W. HAYWARD, Dr. DYCE BROWN and Dr. MADDEN were unanimously requested to continue the offices of hon. general secretary and hon. treasurer respectively, and consented to do so. In responding, Dr. DYCE BROWN asked for offers of papers, in view of the next Congress, at an early date—at least by March or April.

Dr. J. W. HAYWARD suggested that the secretary should apply to men who he had reason to suppose would be in a position to contribute papers. Many men waited to be asked.

Dr. DYCE BROWN said if Dr. Hayward had been acting as general secretary he would have known that such offers were very often made and refused. He frequently had half-a-dozen refusals in one year.

NEXT YEAR'S CONGRESS.

It was agreed that the next Congress be held, as usual, on the Thursday of the third week in September.

THE LATE DR. DRYSDALE.

Dr. J. W. HAYWARD thought that the present Congress should not be allowed to separate without passing a vote of condolence with the widow and family of the late Dr. Drysdale, who was one of the original practitioners and

defenders of homœopathy in this country, and had done so much on its behalf. He therefore begged to move that the Secretary be requested to transmit a letter expressing the sympathies of the Congress.

Dr. DUDGEON seconded. As a friend of the late Dr. Drysdale's of fifty years' standing, he had lost in him the dearest friend he ever had, and one for whose scientific attainments and personal character everyone must feel the greatest respect. He was a very constant attendant at their Congress, and did a great deal of work in connection with it, so that it would be entirely appropriate that they should pass such a vote as that proposed.

The PRESIDENT expressed himself as in perfect sympathy with the proposition, and the vote was passed in silence by unanimous consent, the Secretary promising to write a letter and submit it to the President for his approval.

Dr. BURFORD, of London, then read a most interesting paper (illustrated by diagrams and temperature charts and a series of lantern illustrations, conducted in an adjoining room by Dr. J. Roberson Day) on: *Fifteen Cases of successful Abdominal Section in the Current Year (January to July), with especial reference to the Therapeutics of Preparation and Convalescence.*

This, with the discussion which ensued, will be found at p. 667 of our present number.

Following Dr. Burford, Dr. ROBERSON DAY read a paper on *Anæsthetics at the London Homœopathic Hospital.* This, with the discussion that it elicited, we hope to publish in December.

The meeting concluded with a cordial vote of thanks to the President for his conduct in the chair, proposed by Dr. WOLSTON.

After the close of the meetings a number of the members of Congress proceeded in carriages provided by Dr. Blumberg and his colleagues in Southport to inspect the Southport Sanatorium for Children. The history and progress of this Institution were described by Dr. Blumberg in his speech after the dinner. It is a handsome well arranged building with airy, well lighted and not over-crowded wards providing accommodation for one hundred children suffering from chronic disease of one sort or other, the large majority of which have a strumous basis. The children were at tea when the members arrived, and though bearing the obvious traces of illness were enjoying their meal, and doing ample justice to the provision made for them. At the rear of the building is a spacious playground where, before the visitors left, a number of the patients formed a circle by joining hands and then danced and sang right merrily. For those whose illness

prevents their walking, a number of hand carriages are provided, and for one, built to seat several, a donkey is kept. Thus they are enabled to get down to the shore which is a full mile from the Sanatorium. It is a very interesting, well ordered, and most useful institution.

LONDON HOMŒOPATHIC HOSPITAL.

WE are requested to state that the staff of the London Homœopathic Hospital are drawing up a series of clinical and post-graduate lectures to commence in December or January next. Of these we hope to publish details in a subsequent issue.

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

AT the October meeting of the Liverpool Society it was unanimously agreed that a letter of condolence and sympathy with the widow and family of the late Dr. Drysdale should be sent to them by the Secretary. A resolution of approval of the endeavour to raise a fund of £1,000 to support a "Drysdale Bed" in the Hahnemann Hospital, Liverpool, was also unanimously supported. Dr. Hayward afterwards read a paper on *The Canary Islands as a Health Resort*, which we hope to publish in a later number.

SUCCESSFUL OPERATION FOR EXTRA-UTERINE GESTATION AT THE LONDON HOMŒOPATHIC HOSPITAL.

OUR colleague Dr. Burford has recently performed a Laparotomy for an extra-uterine gestation, removing a foetus of twenty-two weeks development from the peritoneal cavity, in which it was imbedded among the viscera. The patient was a woman of six-and-twenty, having had one normal labour some years ago. After varying medical supervision she finally came under the care of H. E. Deane, Esq., Surgeon-Captain, at Aldershot: and this gentleman detecting the grave condition of affairs, arranged a consultation with Dr. Burford, who decided to operate.

The foetus was already commencing to suppurate, and the suppurating foci were on the verge of rupture—an imminent catastrophe scarcely less serious than the internal hæmorrhage which hitherto the patient had escaped. The operation, in fact, prevented the risks from those retrograde processes accompanying extra-uterine foetation.

In the therapeutic treatment of the case we find *strophanthus* was given immediately after operation to meet the shock

present in some degree, and afterward, *belladonna* and *merc. corr.* in alternation for some days. Intercurrent doses of *strophanthus* were further given for some time, and other remedies, such as *ippecac.* and *china*, according to symptomatic indications. Dr. Burford ascribes much of the continuous recovery to the aid afforded by the remedies chosen; and we congratulate our colleague and all concerned on the highly successful result of so grave an operation in so serious a crisis.

“THE MATTEISTS’ REJOINDER.”

In our September number, we gave the gist of the report issued by Mr. Stead’s Committee, who undertook to watch the progress of five cases of unquestionable cancer while under the treatment of two of Count Mattei’s medical representatives in London. The upshot of the report is, that “the cancerous growths all continued to progress exactly as if no treatment whatever had been used. Some developed slowly, others more rapidly; but one, which had presented an unbroken surface at the outset, very soon became deeply ulcerated and excavated, and even the Matteists themselves were obliged to admit that it seemed to be getting worse.” No one, who has had any experience in the treatment of this *opprobrium medicinae*, could feel any astonishment at the result being as the reporters stated it to be; there was nothing marvellous in a failure to cure cancer, either in twelve or in any number of months, nothing remarkable that “the cancerous growths all continued to progress,” just as they would have done under any treatment medical or surgical.

The Matteists however aver that their treatment, though not so far effectual in curing, has resulted in producing a great improvement in the general health of each patient. They appeal from the observers to the observed, from the committee to the patients, and, in a pamphlet entitled *The Matteists’ Rejoinder*, give the personal account of each patient as to her condition a year ago and at the conclusion of the experiment. Of these reports the following is a summary:—

No. 1.—A case of scirrhus mammæ of one side, with glandular enlargement, at the end of a year says, “I eat better, sleep better, and feel stronger. . . . At first I had much shooting springing pains in the breast. Now these have almost entirely disappeared. The lump at present in my arm-pit is very small compared with what it used to be.”

No. 2.—Mammary cancer, with the skin adherent and slightly discoloured. The Matteists report that, during the first two months, under their care, “she gained in weight and improved in general health,” while at the same time discolouration increased, and the tumour, though not increased in size,

ultimately "broke down and has continued to fungate and ulcerate until now." The patient says that, since commencing the treatment she has been "able to sleep much better;" is now perfectly free from sick headache, to which she was before accustomed, has *increased in weight*, and that "the application of 'green electricity' invariably relieves the attacks of pain."

No. 3.—A tumour with a sharp pain in the right breast. The patient says that the pain "was soon relieved:" digestion "much better," and she "thinks the tumour is a little smaller than it used to be."

No. 4.—Tumour of the right breast, with an enlarged axillary gland. The patient describes her digestion as "now quite well;" that she has "lost the pain completely," and is "entirely free from discomfort."

No. 5.—Cancer of the right breast, of five years' duration; axillary glands form a swelling the size of a hen's egg, which is very painful. The patient now says that she is able to rest undisturbed at night; that she is quite free from pain; that the swelling has disappeared from the arm-pit.

Assuming, as we are bound to do, that these statements are genuine facts, the cases being accepted as cancer by both sides, they scarcely warrant the inference to which the report led us, that "the cancerous growths all continued to progress *exactly as if no treatment whatever had been used.*" If cancerous growths, when no treatment whatever is used, progress with a diminution of pain, improved digestion, and increase of body-weight, then "no treatment at all" is the most desirable method of management; for, when anodynes, narcotics, tonics and aperients are used, as they generally are—to say nothing of operative measures—cancerous growths do not "progress" in this manner.

These patients are not "cured," but they are relieved, and are still under the direction of the Matteists, who continue in the faith that the cure of four out of five of them is within their power. That an unwillingness to test these so-called remedies of the Italian Count should exist almost on all sides is entirely the fault of the Count himself. To describe these medicines as "homœopathic" is, as we have repeatedly shown, absurd,* and a genuine instance of using that word as a trade-mark. This of itself casts a suspicion of genuineness upon them. Still more is this suspicion increased when something, the nature of which it is desired to keep secret for trade purposes, is described as being that which those who so describe it *know* very well that it is *not*. Electricity is a powerful force, but it has never yet been bottled! Neither

* *M.H.R.*, xvii., pp. 254 and 319; xxx., p. 357; xxxvi., 556.

has it yet been (to use an Americanism) so far "materialised" as to display party colours! The apparent object of thus misleading people is to mystify them. Misrepresentation and mystery have ever been the leading characteristics of quackery and medical swindling of all kinds, and seeing both these features so glaringly stamped on Matteism the medical profession were abundantly justified in treating Mattei's globules and electricities in the way they do "Professor" Holloway's pills and ointments.

To place Homœopathy and Matteism on the same plane in their claims on the attention of the profession as the Matteists do, in the last paragraph of this pamphlet is sheer impertinence. Homœopathy is a method of drug selection based upon a larger groundwork of induction than any other doctrine in the science of medicine. Matteism is nothing more than a bundle of statements made by an Italian Count, that certain preparations which he has to sell will cure an almost infinite number of diseases. Homœopathy is capable of being investigated in every part of the therapeutic method to which it leads; there is not the faintest shadow of secrecy about it. Matteism is not only secret in its medicines, but misleading in the names it attaches to them.

If it is true that the preparation, which it suits Count Mattei's business purpose and does not interfere with his notions of veracity or his sense of the claims of humanity upon him, to call "green electricity," does relieve the pain of cancer, let him inform the world what is the "vegetable fluid, to which a certain property has been imparted," what the "certain property" is, and how it is "imparted." If he be an honest man and confident in the remedial virtue of the "vegetable fluid" which has been thus endowed, he will be proud of the opportunity of doing so.

These strictures, however, in no way justify the report of the committee in ignoring the relief to all the more urgent symptoms, when this is attested by each of the five patients. They say "as in other similar cases, the subjective symptoms do not tally with the objective signs, that is to say, the patients, in all of whom the disease is in an early stage, and who are buoyed up by the hope always inspired by a new form of treatment, give a favourable account of their feelings, and believe they have derived benefit. The committee, however, regret to state that this impression is not borne out by the accurate observations taken of the local conditions of the disease, which in all cases are markedly worse." In other words, because the committee, from their previous experience of cases of cancer, would have expected to find the subjective symptoms (or the patient's sensations of pain,

illness, &c.) to be no better, or even worse, they calmly put down to imagination and hopes the fact that all five patients state that they are relieved of their previous pain, eat well, and are in much better general health than before beginning this treatment. It is the first time we ever heard of the pain and dishealth of *cancer* being relieved for a *whole year* by imagination and hope.

We draw special attention to this feature in the report, not because we have the smallest sympathy with Matteism, in fact we have none, but we desire to see the Matteists treated with common fairness and justice, and though it may be against the grain, we cannot but admit facts based on such evidence as any physician would consider sound in other circumstances.

Again, why are the reports by the Registrar suppressed? They need not have been published in the *Report*, but they ought to have appeared in the medical journals, in which the report appeared. The Matteists report their cases in full, along with the statement of each patient as to the relief or otherwise felt when under treatment. This contrast in tactics does not look like impartiality.

The fatal mistake committed by the Matteists was their withdrawal from any connection with the committee on what we consider quite unwarrantable and trivial grounds. They thus put themselves in the position of *seeming* to wish to back out of the whole thing, and it does not mend matters for them to say that they continue the treatment of the cases all the same.

MASON COLLEGE, BIRMINGHAM.

On the 30th of September the winter session of this college was opened by Sir George Humphrey under circumstances of peculiar interest. This is the first session since the union of the medical faculty of Queen's College with the Mason College.

Professor HUMPHREY said they were met for two chief purposes—first, to celebrate the union—the nuptials, they might say—of two great institutions. The older of those was commenced in 1825, with a course of lectures by Sands Cox, a well-known figure in surgery in his early time, who had the felicity, as it was also his (Sir George's) privilege, to teach human anatomy in conjunction with physiology and surgery, and to impart to it the interest resulting from that union. It was chartered as "Queen's College" by her Majesty in 1845, and had grown into a well-equipped school of medicine, which was now about to enter upon a fresh hopeful career, in

new and extensive buildings, fitted up with due regard to the necessities of modern medical education, and supplemented by the clinical material which the hospitals of a great manufacturing centre afforded. The other institution had the peculiar interest of being the outcome of the intense appreciation of science by one who, from the most humble beginnings and the most humble education, had raised himself by practical genius and business quality to be one of the foremost and wealthiest men in this great and active town, and who had rejoiced in the hope that he would hereby leave behind him "an intelligent, earnest, industrious, and truth-loving and truth-seeking progeny, for generations to come." (Applause.) The union of medicine and science which was thus typified was one that was essential to the fulness of both, and that had existed throughout their history.

Sir GEORGE said that the high ideal of education from the time of the Greeks was to produce "a good soul and a strong body."

He dwelt upon the ever increasing severity and multiplicity which "threatened to drown the joyousness of study." Teaching and examinations should harmonise and co-operate.

In the evening a very successful conversazione was given, the guests being received by the President (Alderman Johnson), the Vice-President (Dr. Gibbs Blake), the Principal (Dr. Heath), and the Dean (Dr. Windle). Besides a variety of amusements, music, etc., the scientific exhibitions were most interesting. In the geological museum, which occupies the highest part of the front elevation of the college buildings, were shown a collection of fossils and minerals, and the very fine skeleton which the college possesses of the extinct Irish elk, which was discovered in a bog near Dublin. Various forms of apparatus used in chemical analysis or research were on view in the chemical laboratories, and experiments were also made to illustrate the structure and phenomena of flames. One of the most popular departments was that devoted to engineering, where there was not only on view a collection of materials, surveying, measuring, and calculating instruments, &c., but the machinery was also seen in motion. The dissecting room, which has been carefully designed with a view to its special adaptation to the work to be carried on at the college, was well patronised, and the visitors further found much to amuse them in the anatomical museum. In addition to the educational apparatus and appliances at the college, a variety of scientific specimens and medical preparations were shown. On the more social side, two rooms were fitted up for telephonic communication with London, Liverpool, and Stafford, and much pleasure was derived in listening

to the new opera, "Haddon Hall," which was being performed at the Savoy Theatre, or to "The Yeoman of the Guard," at the Court Theatre, Liverpool. Altogether the conversazione was most enjoyable.—*Birmingham Daily Post*.

BATH MICROSCOPICAL SOCIETY.

THE present session of the above Society was inaugurated by an address from the President, our esteemed *confrère*, Dr. Mackechnie. In an interesting paper he traced the progress of microscopy during the last 200 years, especially dwelling upon its relation to the sciences of anatomy, physiology, etc. The audience was reminded of Leeuwenhoek's discovery, in 1688, of "animalculæ" in water, the tartar of the teeth, etc. A little later Pleneiz, of Vienna, went so far as to say that "each specific disorder must have its own specific germ."

DR. ABBOTT, OF WIGAN.

A DINNER of welcome was given to Dr. George Abbott on his return to reside in Wigan. The Rev. Canon Fergie presided after dinner, and gave a cordial welcome to Dr. Abbott. Dr. Abbott responded, and suitably acknowledged the kindness of the speakers. The evening was enlivened by musical contributions.—*Wigan Observer*.

"ON ORGANISATION."

In the *North American Journal of Homœopathy* for September there appears an Editorial article with reference to the forty-first annual meeting of the Homœopathic Medical Society of New York, which bears so strongly upon the present question of consolidating and organising by means of the British Homœopathic Society those who accept the homœopathic principle in therapeutics in this country that it is worth quoting at some length.

"The advancement of homœopathy to its rightful place in the estimation of thoughtful and intelligent people necessarily means the elevation of the homœopathic physician. Whether he is a member (of the Society) and has helped the burden of the struggle, or whether forgetting his obligations he has remained an apparently indifferent spectator, he has perforce received an equal benefit with every other member of the school. Without the State Society, that is to say, without organisation, allopathy would to-day be absolutely dominant. It is to the organised body and then to the skilful management of the organisation that the repeated triumphs of homœopathy

are due. Those who hold aloof from the society and refuse to join or to contribute to aid it in its work make a grave mistake. It is hardly fair to presume that a man would deliberately lay himself open to be charged with neglect and indifference to imperative professional obligations, with ingratitude for benefits received and with ignorance so great as to be unable to perceive the great value of organisation, not only to his school but to himself. Our society now is in a very prosperous condition, but there are very many homœopathic physicians in the State who are not members and who should be. Those individuals who constantly repeat that attendance upon a session of the society is time wasted, and that there is nothing to be gained there, may be fit to pull musty corks and write routine prescriptions, but nothing better. They are hen-minded persons. Their mental horizon is bounded by the few fees they see at their feet and fear they would miss should they go to the society. They fail to comprehend the benefit that comes from meeting other and better minds: of obtaining broader views of professional life: of getting informed of the general trend of medical affairs: of making new acquaintances and renewing old friendships. As to the plea that the organisation is not what it ought to be that is simply puerile. Shade of Plato! Join it then and make it what it should be, write better papers, brighten the discussions, and lend if you are able a higher wisdom. But do not sit in your tents and bemoan the degeneracy of things in general and of the society in particular. Dr. Fiske's circular ought to and doubtless will meet with a gratifying response. For it cannot be otherwise than that when matters are brought squarely to the attention of those who have not yet applied for membership that they will gladly do so."

THE CONGRESS PHOTOGRAPH.

WE have just received a copy of the photograph taken by Messrs. Wyles & Co., Photographers, Lord Street, Southport, on the day of the Annual Congress, of the members then present. The photograph is an excellent one, the grouping is admirable, and the success in getting so many figures in focus shows the skill of the artist. One or two of the members have moved slightly, rendering their faces less clear than the others, but on the whole the picture is a great success. We strongly recommend those who wish to have a memento of the extremely pleasant Southport meeting and to retain the likenesses of their colleagues, to order a copy at once from the photographers.

MARGARET STREET INFIRMARY.

There are two vacancies on the staff of visiting physicians to the Margaret Street Infirmary for Consumption and Diseases of the chest. Candidates must reside within one mile of the Infirmary. Particulars on application to the Secretary, 26, Margaret Street, W.

CORRESPONDENCE.**THE HOMŒOPATHIC MEDICAL DIRECTORY.**

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—On your comments upon the recent proposals of the British Homœopathic Medical Society, I should like to make one or two remarks. It appears to be "bad form" in the eyes of some members of the Society to insert our names in the *Homœopathic Directory*. Why this should be against "ethics medical" I cannot understand, and if it be so why does not the same objection hold in reference to insertion in any other directory of medical men? Some ten years ago when I was first attracted to study the homœopathic law of drug giving, I was amongst others advised and persuaded by Dr. Hughes to have my name inserted in the *Homœopathic Medical Directory* of the time, as not being ashamed of my new colours. After some time I did so; now I have to learn that this act is "not quite ethical;" but surely the older and worthy pioneers of the Hahnemannian Law of Similars had the "ethics" of the profession as much at heart as our newer and younger converts and practitioners. If these gentlemen think by these means they will conciliate the allopathic medicos they are very much mistaken, for they are as much against us as ever, although it may not appear so much on the surface as of old. The reason of this is that the old school finds we are now more independent of them, and they can do nothing against us legally; but the specialists being glad of our fees in consultation they affect to be unprejudiced; but at the same time, with a few worthy exceptions—when they meet in Congress—they are as much against us as ever, and do all in their power to ostracise us. I should also like to point out that as we become still more independent of the specialist by our having increasingly equally good ones in our own fold, the old spirit of persecution is likely to revive as the fees drop off. I think the Society would do better if they had

a little more of the spirit of propaganda of our faith among the masses and not concentrate too much attention upon ethics, which are good in their way, for we ought to remember that if our cause is a good one it should be pushed regardless of the opinions of the enemy. Does the healing art exist for the profession or the profession for the people?

Yours truly,

“AJAX.”

[The foregoing would have appeared last month, but was received too late.—Eds. M. H. R.]

THE TREATMENT OF THE PERINÆUM.

To the Editors of the “Monthly Homœopathic Review.”

GENTLEMEN,—I observe Dr. Winterburn, of New York, in his paper on the “Perinæum” in the September *Review* strongly recommends the constant application of lard to the perinæum and vagina in order to prevent laceration. Allow me to endorse what he says upon this matter. For some years it has been my invariable habit to follow out this plain and I am inclined to think with very great benefit and comfort to the patient and also greatly tending to prevent the laceration of this important structure. At the same time I venture to say that much else that he says in his valuable essay is open to criticism. Surely ruptured perinæi are not so very frequent as Dr. Winterburn would lead us to think; and again in my humble opinion most slight lacerations will heal, and heal well, if left alone without surgical aid. In English experience I do not think we find patients commenting on the number of stitches the doctor has put in. About the preparation of women for labour, this I think doubtful as a general rule, and when a woman complains only in an ordinary way of the usual symptoms and troubles of pregnancy I do not believe much can be done; at all events I am of opinion that there is not sufficient experience at present to form any very decided opinion on the advantage of the preparation of patients for labour by medicines. So very few patients think they require treatment, especially after the first confinement. Practically speaking, I cannot see that a minute knowledge of the anatomy of the perinæum is of much service to the practical and experienced and observant obstetric practitioner in his art. To English physicians the remark about the gentleman who attended a case of midwifery,

and in which the perinæum was ruptured, and from which it enabled him to learn so much by afterwards seeing the professor stitch it, must sound strangely to our ears, especially as it was only six weeks before this student was to present himself for examination or graduation. With us several cases of midwifery must have been attended, and the student have seen some ruptured perinæi stitched long before graduation is thought of, if by graduation is meant the final examination.

I am, Gentlemen,

Yours very truly,

T. C. M.

THE MANUAL OF THERAPEUTICS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—At the late meeting of the Hahnemann Publishing Society at Southport, there was a unanimous feeling that, if only in *pietas* to Dr. Drysdale's memory, the Therapeutic part of the Society's work, upon the plan sketched out in this *Review* of November last, should be determinedly pushed on. It was considered, however, that the first step to be taken was to obtain a basis in the recorded clinical experience scattered through homœopathic literature. The collections of Beauvais and of Rückert had to be supplemented by a *critical* collation of what had appeared of this kind since their time; and I was desired to call for workers to such end, and to indicate the manner in which the work should be done. I shall be glad if you will allow me to do this through the medium of your journal.

1. As to *material*.

Beauvais' (a pseudonym adopted by Dr. David Roth) *Clinique Homœopathique*, in 9 vols. (1836-1840), contains (in French) all the clinical records distributed through the German, French, Swiss and Italian homœopathic periodicals up to the year 1839 inclusive. The arrangement is by diseases in alphabetical order ("Aliénation Mentale," "Amblyopie," and so forth). The cases are simply reproduced from the originals, slightly condensed, but without criticism or summary.

Rückert's *Klinische Erfahrungen*, in 4 vols. (1854-1861), with a supplement by Dr. Oehme, contains all the cases and practical observations that have appeared in German homœopathic literature from 1822 to 1860. It is no mere transcription, but a digest and analysis. An account of this work, with

a specimen chapter translated, is given in the *British Journal of Homœopathy*, vol. xx., p. 491.

There remains therefore to be collated the whole periodical literature of homœopathy in the English tongue (viz., the British and the American); that in the French tongue (including the Belgian journals) from 1840; and the German work from 1861.* It is obvious that no one man or committee of men is sufficient for such a task; it can only be accomplished by a number of workers in different countries, each undertaking a particular journal to a set of which he has access, and furnishing the results yielded by the same. For such workers I hereby call, and hope I may be able to report a multitudinous response.

2. As to *arrangement*.

It will be the duty of the compilers of the actual *Therapeutic Manual* to digest and analyse the material they seek to be furnished with. All that is now asked for, accordingly, is a list of cases and practical observations arranged under the head of the several morbid states to which they belong. What should be the nosological order observed is a matter of comparative indifference, so long as a table of contents furnished by each worker tells what his own ground plan has been; but for those engaged upon the periodicals written in English I can recommend the *Nomenclature of Diseases* published by the Royal College of Physicians of London (2nd edition, 1885). I followed this in the second edition of my "*Manual of Therapeutics*," and found it very complete and intelligible. I hardly think the alphabetical order of Beauvais suitable for imitation.

The only editorial function the workers will have to exercise is criticism in selection and condensation in expression. Each will, of course, use his own tongue; but I would ask, to avoid the ambiguities incident to handwriting, that their manuscripts may be *type-written*. This can now be effected, even by those who do not employ the machines for themselves, at a small cost; and it will greatly facilitate the subsequent use of the material.

I beg that all who are willing to co-operate in this great undertaking will communicate with me, stating what journals they are in a position to deal with.

I am, Gentlemen,

Yours very faithfully,

Brighton, Oct. 12, 1892.

RICHARD HUGHES.

* If the Italian and Spanish journals also can be got at, all the better; but I limit myself at the outset to what is practicable.

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to **Dr. EDWIN A. NEATBY**.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2; Diseases of the Throat, Mondays, 2.30.

Communications have been received from **Dr. DUDGEON**, **Dr. BURFORD**, **Dr. ROBERSON DAY**, **Mr. KNOX SHAW**, **Mr. CROSS** (London); **Dr. HUGHES** (Brighton); **Dr. HAYWARD** (Birkenhead); **Dr. MURRAY MOORE** (Liverpool); **Dr. NICHOLSON** (Clifton); **Mr. FULCHER** (Harrow); **Dr. MACKECHNIE** (Bath); **Dr. GIBBS BLAKE** (Birmingham).

ERRATUM.—For "34," page 592, 13 lines from the bottom, read "19."

Owing to pressure on our space we are obliged to hold over until next month several communications intended for our present issue.

BOOKS RECEIVED.

Book on the Physician Himself, and Things that concern his Reputation and Success. By **D. W. Cathell, M.D.** Tenth edition, revised and enlarged. Philadelphia and London: **F. A. Davis & Co.** 1892.—*Safety in Cholera Times, Homœopathic Treatment, &c.* Philadelphia: **Boericke and Tafel.**—*Oysters.* **J. L. Hamilton, M.R.C.S., Brighton.**—*Ringworm: Its Constitutional Nature and Cure.* By **J. Compton Burnett, M.D.** London Homœopathic Publishing Company. 1892.—*Our Progress and Aims.* By **S. H. Ramsbotham, M.D.** London: **E. Gould & Son.** 1892.—*The Mattëists' Rejoinder.* London. 1892.—*On Asepsis and its Influence on Gynæcology.* By **A. E. Cook, L.R.C.P.** Richmond. 1892.—*Second Annual Report, Broome Street Midwifery Dispensary.* New York.—*The Homœopathic World.* London. Oct.—*Medical Reprints.* London. July and Aug.—*The Journal of Medicine and Dosemetric Therapeutics.* London. July, Aug. and Sept.—*The Chemist and Druggist.* London. Oct.—*The Monthly Magazine of Pharmacy.* London. Oct.—*Modern Medicine.* London. Oct.—*Bath Chronicle.* Oct. 13.—*Bristol Evening News* Aug. 29.—*Wigan Observer.* Aug. 12.—*Birmingham Daily Post.* Oct. 1.—*The North American Journal of Homœopathy.* New York. Oct.—*The American Homœopathist.* New York. Sept.—*The New York Medical Times.* Oct.—*The New York Medical Record.* New York. Oct.—*The Hahnemannian Monthly.* Philadelphia. Oct.—*The Homœopathic Recorder.* Philadelphia. Sept.—*The Homœopathic Physician.* Philadelphia. Oct.—*The Clinique.* Chicago. Sept.—*The Medical Era.* Chicago. Sept. and Oct.—*The New Remedies.* Chicago. Oct.—*The Medical Advance.* Chicago. Sept.—*The Minneapolis Homœopathic Magazine.* Sept.—*The Southern Journal of Homœopathy.* Baltimore. Sept.—*The Homœopathic Envoy.* Lancaster. Oct.—*The Homœopathic News.* St. Louis. Sept.—*The Annals of Electro-Homœopathy.* Geneva. Oct.—*Revue Homœopathique Belge.* Brussels. Sept.—*The Bull. Gén. de Thérap.* Paris. Oct.—*Leipziger Populäre Zeitschrift für Hom.* Oct.—*Archiv. für Hom.* No. 8.—*Revista Omiopatica.* Rome. Aug.—*Gaz. Med. di Torino.* Oct.—*Hom. Maanblad.* The Hague. Oct.

Papers, Dispensary Reports, and Books for Review to be sent to **Dr. FORG, 19, Watergate, Grantham, Lincolnshire**; **Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.**; or to **Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W.** Advertisements and Business communications to be sent to **Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.**

THE MONTHLY HOMŒOPATHIC REVIEW.

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THE TREATMENT OF PLEURISY.

BOTH before medical societies and congresses and in the professional journals, this subject has recently received considerable, and, indeed, exceptional attention. The discussion at the British Homœopathic Society may be regarded as having supplied the *dernier mot* which was required to complete the case and to enable us to review dispassionately the situation. On the subject of dry pleurisy nothing need be said. No question of operative measures comes in here; there is no disagreement amongst the body of the profession whom we have the honour to represent, and we are not likely, though always willing, to learn much from the dominant school in the medicinal therapeutics of such a condition. With effusion into the pleural cavity it is quite otherwise. Here the merits of medicine and surgery, either as rival or co-operating methods, claim consideration; and it is around the question of the relative value of these claimants that discussion chiefly centres. It should be remembered that when homœopathic treatment can be adopted from the first, effusion, except in cases of tuberculous diathesis, is not a frequent feature in pleurisy. It is therefore better to prevent the effusion than to discuss its treatment.

The prevailing tendency, both amongst "orthodox" practitioners and amongst the younger members of our own branch of the profession, is towards early evacuation of effused fluids. By this means the dangers which threaten every patient retaining a large quantity of fluid

in the thorax are obviated. These dangers briefly stated, are œdema of the lung, failure of the heart muscle, and thrombosis or embolism of the pulmonary artery, any of which may result in sudden death during the course of pleurisy. Upon the necessity of prompt evacuation in cases of severity or duration sufficient to lay the patient open to these dangers there can be no two opinions.

It is in cases more recent and not causing obvious mechanical distress that differences of opinion may exist. Shall these be left to nature, aided perhaps by local measures, or shall recourse be had to evacuation? It is abundantly clear that nature's *vis medicatrix* is frequently equal to the task of bringing about absorption. We may leave this question to be settled by the adherents of expectancy, while we whose motto is "let likes be treated by likes" endeavour to decide, not between medical nihilism and surgery, but between specific medication and the trocar. Here our data are somewhat incomplete. Analogy would lead us to have confidence in the power of remedies to cause absorption of serum, as *e.g.* from the peritoneum, the pericardium or the cellular tissue. We have many opportunities of witnessing the removal of fluid from these situations without any obvious damage remaining to the tissues involved. Theory also is in favour of a non-mechanical removal. When a pleuritis occurs, besides the simple leakage of fluid from the vessels of the lung covering, we have to reckon with living cells escaped into the neighbouring cellular tissue, cells which live, proliferate and become organised if not prevented. If by natural or by medicinal means the lymph vessels can be induced to take up the effused fluid, the probability is that they will also absorb many of the cellular elements, as yet free, at the same time. It is less probable that the escape of the fluid by a cannula, requiring no vital action, will so readily cause the absorption of the solid elements from the tissues. If we add to the evidence of analogy and inference the weighty testimony of men like DUDGEON, HUGHES and JOUSSET, of the eminently satisfactory results of medical treatment, we shall without hesitation defer the use of the trocar. In *bryonia*, *cantharis*, *apis*, *hepar*, *iodide of arsenic*, *sulphur* and *sulphur iodide* we have a series of trustworthy remedies. We may remark *en passant* that one of the most salutary effects of the

discussions which take place from time to time at our national society, is to check the tendency which exists among us to run after the easier and less discriminating methods of palliative medication or surgery. By the recital of the experience of our veteran leaders, whose knowledge of the *Materia Medica* should excite our admiration and emulation, we are recalled to a sense of our duties and our powers.

As to the period at which medicinal agents should be supplemented by other measures, each case will require to be treated on its own merits. Jousset's time-limit will be found on another page. Our own experience, coinciding with that of several speakers at the recent discussion, declares for an earlier period. One of Dr. Jousset's own cases carries the same lesson. Without drawing hard and fast lines, it is inadvisable to wait, in a stationary effusion, for longer than from 10 to 14 days after the cessation of fever, which will, in uncomplicated cases, take place within a week. Should pyrexia last more than 10 days an exploratory puncture is called for.

Our remarks hitherto have had reference to the immediate results of pleurisy; its remoter effects demand equally careful if less lengthy consideration. Here again we lack statistical data. In what proportion of serous or purulent effusion are after effects in the shape of phthisis or detrimental contraction found? And are these effects less common or not, after treatment by homœopathically selected remedies? On the last point we have very few facts to adduce, and the Society's discussion was equally barren in material. Many scattered facts no doubt exist in the hands and minds of our colleagues. Will they not, for the good of the body-politic, bring forward their cases either through the medium of our columns or through the British Homœopathic Society? An example of the kind of work needed, but which can be much better done by general practitioners, who can follow up their cases for years, was shown by Dr. HASTINGS and Mr. EDWARDS, recently resident medical officers at the East London Children's Hospital, in the *Lancet* of August 20th. They collected twenty-four cases of recovery from empyema and reported their condition at an interval of from seven years to a few months from the date of the attack. They do not state if they had found that any deaths had

occurred within the limits of the period under investigation, from the remote effects of the pleurisy. The facts brought to light by Dr. BARR in 1891, as to the frequency of tuberculosis following in the wake of pleurisy, render it most desirable that extended comparative investigation, and especially independent research on the part of the homœopathic members of the profession, should be made. It is our impression that children recover more completely from pleurisy and empyema than do adults. On this point, too, more evidence is needed, and for its diffusion we shall gladly open our pages.

At the Society's discussion, Dr. WYNNE THOMAS summarised the operative treatment adopted by non-homœopathic practitioners in empyema; prompt evacuation and effectual drainage sum up this. Our own pages have previously advocated this procedure, and it was confirmed by both medical and surgical authorities at the recent meeting. Only one other point, a most important one, remains for us to notice—that of careful and prolonged after-treatment by systematic exercises, etc., as described by Dr. NANKIVELL and Dr. NEATBY. Much of the ultimate well being of the patient convalescent from pleurisy depends on the efficiency with which this is carried out.

ON FIFTEEN SUCCESSFUL CASES OF AB- DOMINAL SECTION DURING THE FORMER PART OF THE CURRENT YEAR: WITH SPECIAL REFERENCE TO THE THERA- PEUTICS OF PREPARATION AND OF CON- VALESCENCE.*

BY GEORGE BURFORD, M.B.

Physician to the Gynæcological Department, London Homœopathic
Hospital.

(Continued from page 680.)

Section III.

The cases cited are given in general outline, their non-therapeutic detail being eliminated as not germane to the design of the paper. The therapeutics are on a uniform plan, this having been adopted after a long

* Read before the British Homœopathic Congress at Southport, September, 1892.

series of comparative trials. The value of this plan is evidenced by the successful issue in the cases given, some of which were singularly difficult and complicated.

CASE I.

Ovarian Fibroma. Medical attendant, Dr. Dyce Brown.
Patient aged 36.

Preliminary Therapeutics.—A course of *arnica* 3x was administered for about a fortnight anterior to operation. There were no further special conditions requiring different medication.

Operation.—A moderately large fibroma of the left ovary was removed, and the bulky pedicle treated by the extra-peritoneal method. There was neither adhesion nor hæmorrhage, nor shock, to complicate operation.

Therapeutics of Convalescence.—*Arnica* 3x was given in hourly doses for 36 hours, and thereafter *belladonna* 1x and *mercurius corr.* 3x alternately at hourly intervals during the day, and intermittently during the night. This was continued for four days, when the *belladonna* was altered in potency to 3c. On the seventh day *nux.* 3 and *sulphur* 3 were administered in alternation every three hours to render unloading of the intestines more easy; and this plan of medication was followed for two further days. The continued course of convalescence calls for no further special remark, it being uniform and progressive. I have seldom seen so easy a recovery after operation, and the patient is now in the enjoyment of excellent health.

CASE II.

Strangulated Ovarian Cyst. Patient aged 34. Medical attendant, Dr. F. Neild.

Preliminary Therapeutics.—An alarming attack of peritonitis ten days anterior to operation was treated by *belladonna* variously exhibited, and *merc. corr.* given internally. Sedatives were also necessary, and though the symptoms abated, a sudden crisis indicated the necessity for operative relief, which was thereupon immediately carried out.

Operation.—A large strangulated ovarian cyst of the left side, and with numerous recent adhesions, was found and removed. There was no notable shock nor other unfavourable condition.

Therapeutics of Convalescence. — *Arnica* was administered for the first 24 hours, and then *bell.* and *merc. corr.* in alternation were substituted. Restlessness and pain not diminishing, a single hypodermic of *morphia* was given on the third night, and with marked betterment. The *bell.* and *merc. corr.* were continued for two or three days longer, and then *arsenicum* and *nitric acid* were prescribed for a phosphatic and albuminous renal secretion. This slowly became normal in character, and after a gradual recovery the patient's health and strength were fully regained.

CASE III.

Strangulated Ovarian Cyst. Patient aged 47. Medical attendant, Dr. Edwin A. Neatby.

Preliminary Therapeutics. — A sudden seizure, with all the alarming symptoms of peritonitis with obstruction, called for immediate operation, leaving no time for preliminary measures, other than those necessary to lull the intensity of the pain.

Operation. — A large strangulated ovarian cyst of the right side was removed. Some dark fluid effusion in the peritoneum was washed out and a drainage tube inserted. The patient rallied well after operation.

Therapeutics of Convalescence. — *Arnica* was given in hourly doses for 24 hours, then followed by *bell.* and *merc. corr.* in frequent alternation for four days. After the fourth day *bell.* alone and in a higher potency (3c) was prescribed, as a decided physiological action was observed under the influence of the 1x preparation. With sundry oscillations in progress the patient made a complete recovery, and is now in the enjoyment of excellent health. (See loose chart.)

CASE IV.

Sarcoma of the Right Ovary. Patient aged 16.
Medical attendant, Dr. Goldsbrough.

Preliminary Therapeutics. — *Belladonna*, *hepar s.*, *mercurius* and other remedies were given with the view of checking the rapid growth of the tumour (then of doubtful nature). After two months' unproductive medication on these lines it was decided to operate.

Operation. — A large solid sarcoma of the right ovary, with extensive adhesions to the anterior abdominal wall,

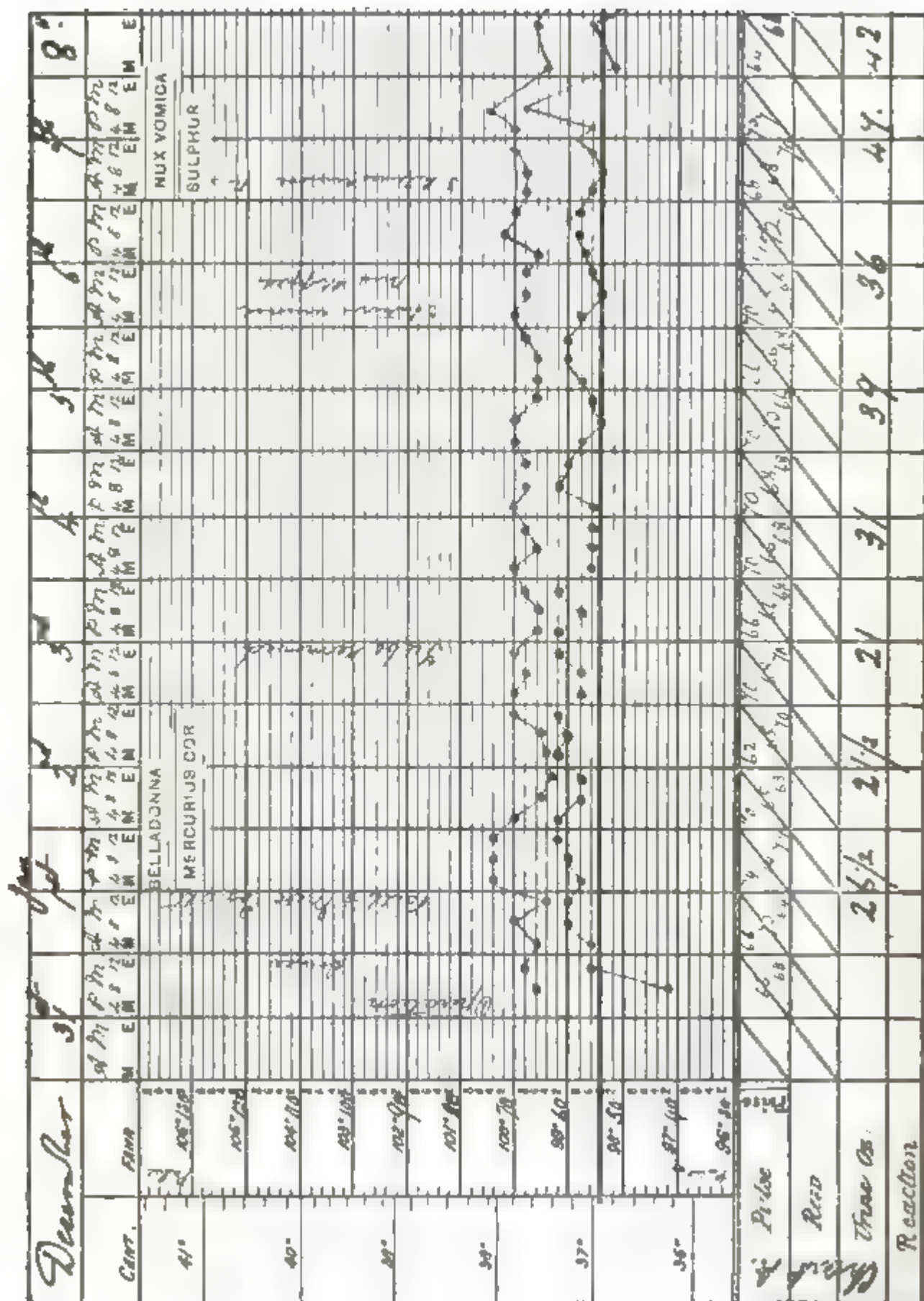


Plate I.—Dr. Dyce Brown's Case (Case I).

was removed. There was some hæmorrhage from separated adhesions.

Therapeutics of Convalescence.—*Arnica* was administered for some thirty hours, when *belladonna* was substituted owing to the continuous rise of the pulse. This remedy had no effect in stilling the cardiac agitation, and in twelve hours *arsenic* took its place. Still there was no lessening of the ceaseless hurry of the heart (pulse now 160 per minute) and *strophanthus* ϕ was now prescribed in drop doses each hour. The pulse immediately began to fall, and continued its descent into more usual time. *Arsenic* was now alternated with *strophanthus*, to remedy the excessive waste of the heart muscle, and finally *arsenic* alone was administered as the necessity for giving *strophanthus* disappeared. The pulse dropped to normal and the patient made a good recovery.

CASE V.

Parovarian Cyst. Patient, aged 53. Medical attendant, Dr. Washington Epps.

Preliminary Therapeutics.—*Arnica* was administered thrice daily for some days anterior to operation.

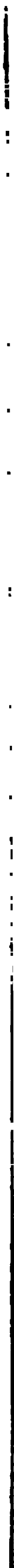
Operation.—A large parovarian cyst was exposed by the usual median incision, two hundred and twenty ounces of fluid withdrawn, and the cyst removed after ligation of the pedicle. There were no adhesions.

Therapeutics of Convalescence.—*Bell.* and *merc. corr.* were given alternately as soon as the patient revived from the operation, and these were continued for three consecutive days. On the fourth day some troublesome oozing occurred from a small vein divided in the parietal incision, and *hamamelis* was administered internally, and *ferric perchloride* applied to the bleeding area. In a day or two the oozing had quite vanished. A troublesome dyspepsia required the prescription of *nux vomica*, but beyond these symptoms nothing occurred to mar the convalescence, and the patient left hospital perfectly well. (See loose chart.)

CASE VI.

Tubercular Peritonitis. Patient, aged 17. Medical attendant, Dr. E. A. Cook.

Preliminary Therapeutics.—Patient came into hospital with a temperature distinctly hectic in type; with





frequent liquid stools; and with a rapidly increasing distension of the abdomen. In these conditions *arsenicum* was regularly administered; but laparotomy was performed for the relief of cyanosis and dyspnoea at too slight notice to allow of special preparation.

Operation.—The peritoneum being exposed, a large quantity of thin serous fluid was evacuated, and the lining membrane found thickly studded with miliary tubercle, which in the left flank had become agglutinated into a large irregular nodular mass. The serous cavity was flushed with hot water, and a drainage tube inserted.

Therapeutics of Convalescence.—*Arsenicum* was administered after operation for four consecutive days, when it was alternated with *phosphoric acid* for the ensuing four days, on account of excessive perspiration. The patient was then removed to a general ward, where she was placed under the care of Dr. Moir, who continued the treatment of the case on the basis of the general lesion. Both lung apices were affected, and as soon as practicable the patient was sent into the country. The results of operation were, great relief following the lowering of the extreme abdominal tension; a lessened febrile movement, and a complete cessation of the diarrhoeal evacuations.

CASE VII.

Cystic Disease of Ovaries. Patient aged 37. Medical attendant, Dr. Galley Blackley.

Preliminary Therapeutics.—*Arnica* was prescribed as a regular course for some days preceding operation.

Operation.—Both tubes and ovaries were removed, the latter in a marked state of cystic degeneration, and the right ovary somewhat adherent to adjacent structures.

Therapeutics of Convalescence.—Marked symptoms of shock were present, though operation was neither protracted nor difficult, and for this *arnica* was administered for the first 36 hours. After reaction had been well established a convalescence varied by many neurotic manifestations demanded a protracted supervision. The remedies prescribed for these alternating states were chiefly *belladonna* and *merc. corr.* during the earlier days, and *nux vomica*, *lycopodium*, and *bryonia* as the recovery proceeded. Although the operation was successful the effect upon the general health has not hitherto been so decided as was desired and expected.

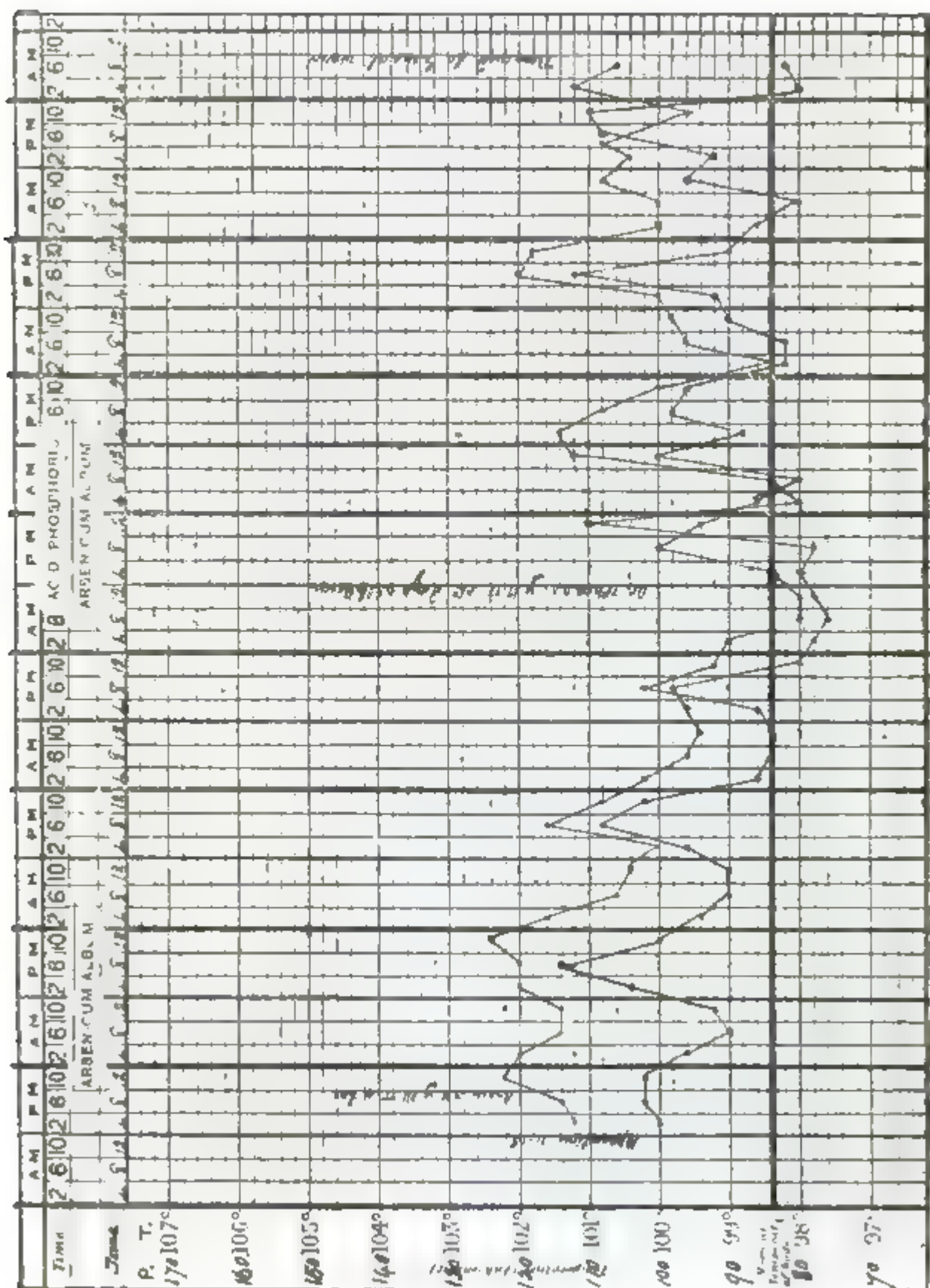


Plate V.—Dr. Cook's Case (Case VI).

CASE VIII.

Large Uterine Fibroid with Ovarian Cyst impacted.

Patient aged 35. Medical attendant, Dr. E. A. Hall.

Preliminary Treatment.—This resolved itself into a 48 hours treatment of peritonitis, for as the patient was first seen when the abdomen was tumid and systemic shock marked, the urgency for operation was considerable and immediate. *Bryonia* and *arsenicum* were the remedies given in alternation each hour, and these had the effect of subduing the immediate symptoms so as to allow of operation on the following day.

Operation.—A mass of uterine fibroids was removed, weighing altogether some ten pounds, and an ovarian cyst impacted between their surfaces was also tapped and ablated. The operation was protracted and difficult, the adhesions of omentum being numerous and vascular.

Therapeutics of Convalescence.—*Arnica* was administered in hourly doses during the first 24 hours, and *bell.* and *merc. corr.* for the ensuing three or four days. The appearance at this juncture of albumen in the urine with a concomitant diarrhoea called for *arsenicum*, followed by *china*, and these remedies answered very satisfactorily for both these symptomatic conditions. A restlessness difficult to control was met by the hypodermic injection of *morphia* with immediately accruing beneficial results. The further convalescence was not marked by any special features, and the patient's recovery was speedy and complete.

CASE IX.

Large Uterine Fibroid, with Pyosalpinx. Medical attendant, Dr. F. Shaw.

Preliminary Therapeutics.—*Arnica* was administered for over a week immediately preceding operation.

Operation.—A large multinodular uterine fibroid was removed, with a suppurating left Fallopian tube attached. The pedicle was treated extra-peritoneally.

Therapeutics of Convalescence.—*Arnica* was prescribed for some 36 hours following operation, and thereafter *bell.* and *merc. corr.* in alternation for the ensuing week. *Cantharis* was now substituted to combat some vesical irritation, which soon subsided. The remaining part of the convalescence requires no special note. The whole period of recovery was singularly uneventful, there being

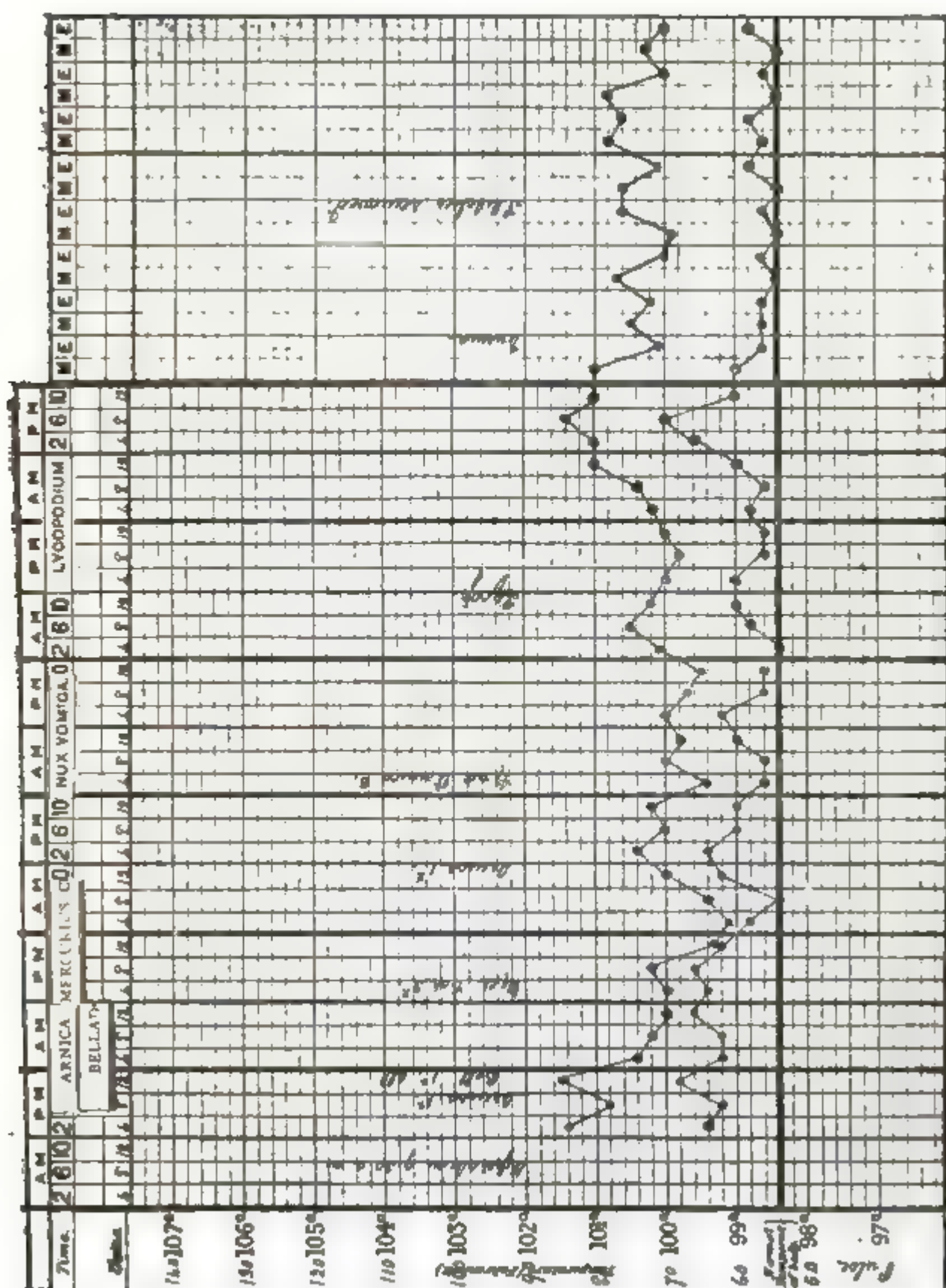


Plate VI.—Dr. Blackley's Case (Case VII).

no single bad symptom during its entire course. The patient left her room in less than six weeks after the operation, and her restoration to perfect health was complete.

CASE X.

Solid Tumour of the Intestine, with Enlarged Omental Glands. Patient over 30 years of age. Medical attendant, Dr. Edwin A. Neatby.

Preliminary Treatment.—The patient's symptoms were exactly resembling those of acute intussusception, and owing to the urgency of the case no special preparatory treatment was practicable.

Operation.—This consisted in an exploratory incision in the detachment of numerous omental adhesions, and in the examination of the tumour, which, owing to the co-existence of enlarged omental glands, was not removed.

Therapeutics of Convalescence.—*Bell.* and *merc. corr.* were prescribed for the first two or three days, and with benefit, but a parotitis ensuing, *lachesis* was substituted, followed by *arsenicum*. These remedies subdued the general distress, but did not affect the abdominal mass, which remained in *statu quo* until *hydrastis* was prescribed. A month's course of this remedy was taken, when to our surprise the tumour was evidently considerably diminished in size. The remedy was continued, and three months after operation not a trace of the previously bulky abdominal neoplasm could be found. The patient continues in excellent health.

CASE XI.

Cystic Disease of both Uterine Appendages, with Procidencia Uteri. Patient aged 42. Medical attendant, Dr. Burford.

Preliminary Therapeutics.—*Arnica* was administered four times daily for seven or eight days anterior to laparotomy.

Operation.—An exploratory section was made with a view of endeavouring to remove the diseased appendages. These were found, however, to be so altered in position and contour by previous pelvic-peritonitic attacks that ablation was impracticable. Their situation was such also that hysteropexie could not be carried out. The abdominal incision was accordingly closed.

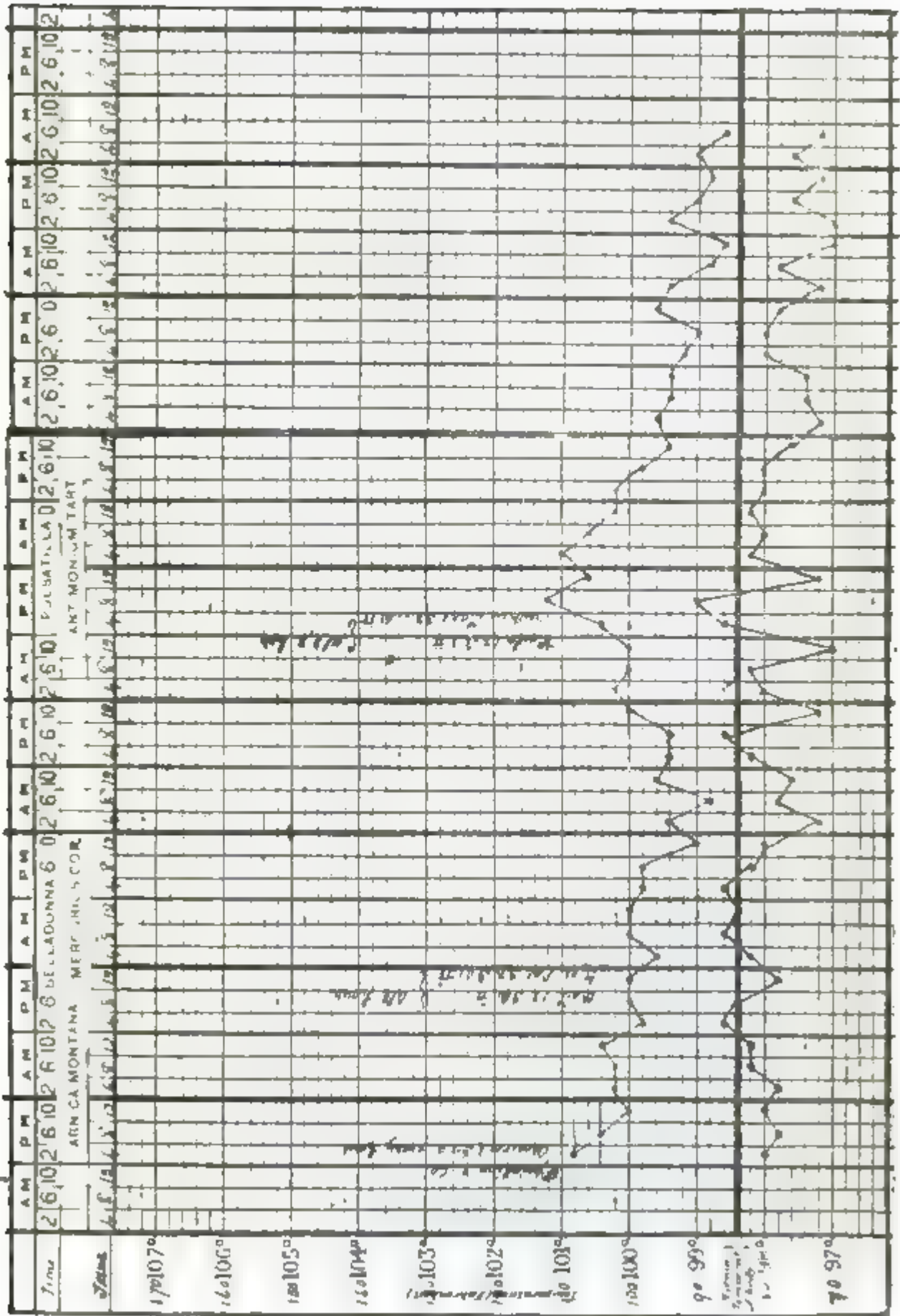


Plate VII.—Dr. Burford's Case (Case XI).

Therapeutics of Convalescence.—*Arnica* was steadily given in hourly doses for some 30 hours after operation, when it was replaced by *bell.* and *merc. corr.* in alternation. On the fourth day a wheezy cough called for the substitution of *puls.* and *antim. tart.*, and in three or four days under this treatment the respiration and cough had materially improved. No further special remedies were necessary, the recovery henceforth being practically continuous.

CASE XII.

Enormous Ovarian Cyst, containing seventy-five pints of fluid and six pounds of solid material. Patient aged 55.

Medical attendant, Dr. Burford.

Preliminary Treatment.—A thousand ounces of fluid were withdrawn from the abdomen by a preliminary aspiration. The patient was now put upon a course of *arnica*, and a week later laparotomy was performed.

Operation.—Four hundred and fifty ounces of fluid were now evacuated through the ovarian trocar, and the cyst detached from its connections, the adhesions being universal. Over nearly every square inch of tumour surface detachment was required, and finally division of the pedicle involved amputation of the uterus also. The stump was fixed in the angle of the parietal incision, and treated in the usual extra-peritoneal manner.

Therapeutics of Convalescence.—*Arnica* was continued for some days after operation, at first in hourly and afterwards in less frequent doses. About the 6th day, *cantharis* was substituted for some bladder irritation, which soon subsided, and thereafter no special therapeutics were required. The convalescence was singularly uniform and uneventful, and the patient was finally discharged perfectly well.

CASE XIII.

Medical attendant, Dr. Madden.

A lady, aged 28, with constant abdominal pain, a hectic temperature, and an inability to walk without support. Disease of the appendages was diagnosed, and laparotomy performed for their removal. The patient recovered, and the symptoms preceding operation have undergone marked diminution. There is now no hectic febrile movement, the abdominal pain is much lessened

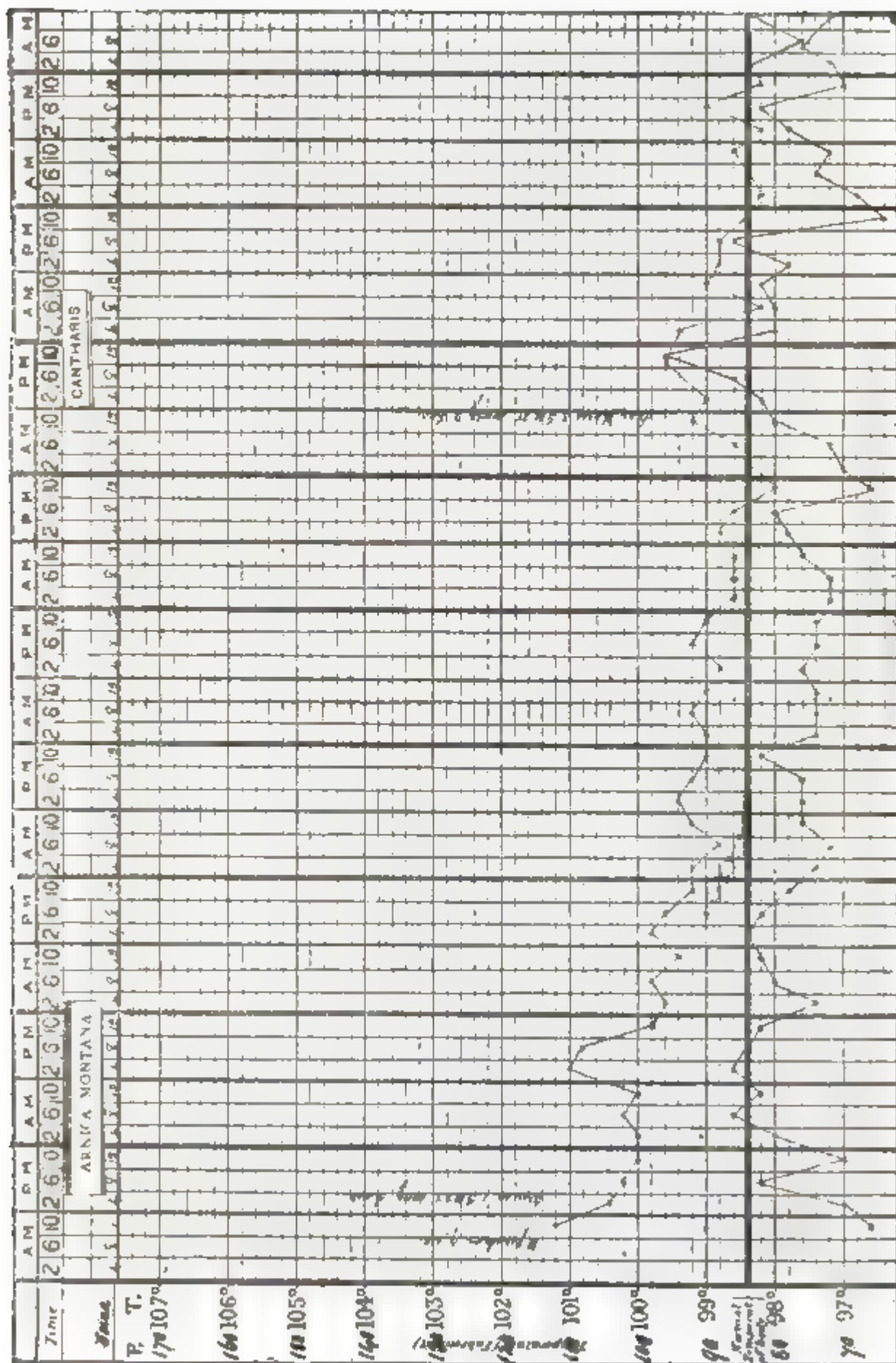


Plate VIII.—Dr. Burford's Case (Case XII).

in intensity and duration, and the state of health that of gradual recovery. The ovaries were hypertrophied, the tubes normal.

Therapeutics.—Before operation *arnica* was given four times daily for a week, and after operation for four consecutive days. As is usual in these cases, the patient's nerves had been shattered, and much pain was felt, with sleeplessness. A hypodermic of *morphia* was administered on the second day, with marked relief ensuing; the patient fell into a sound sleep and awoke free from pain. A fright during a furious storm which raged on the third night required a second hypodermic of *morphia*, but over and above these remedies no further special medication was necessary.

CASE XIV.

Solid Intestinal Tumour, involving the small intestine. Patient aged 47. Medical attendants, Drs. Scott and Thornton.

Preliminary Treatment.—*Arnica* was regularly administered for some days preceding operation.

Operation.—An exploratory abdominal section was made and the tumour exposed. There were no adhesions, no enlarged omental glands, and no ascites. But as removal of the mass would have involved resection of some 6 inches of intestine, it was judged advisable to acquaint the patient's friends with the exact state of matters, and perform enterectomy later on if necessary. The abdominal incision was accordingly closed in the usual way.

Therapeutics of Convalescence.—*Arnica* was prescribed for the 18 hours succeeding operation, and the alternation of *bell.* and *merc. corr.* was then commenced. The sudden occurrence of a series of loose evacuations on the third day was met by *arsenicum* and *veratrum alb.*, which latter in a day or two was replaced by *china*. The diarrhoea soon responded to this treatment, and during the remainder of the convalescence *lycopodium* and *pulsatilla* were required for the treatment of a troublesome flatulence. The patient's recuperative power was still further stimulated by the administration of *Flitwick water*, so soon as she was able to travel.

CASE XV.

Extra-uterine Gestation, with foetus of $22\frac{1}{2}$ weeks in the peritoneal cavity. Patient aged 25. Medical attendant, Mr. H. E. Deane.

Preliminary Treatment.—*Arnica* was administered four times daily for the week anterior to operation.

Operation.—The embryo, lying in an adventitious sac among the intestines, was enucleated and removed; the placenta, which had not been expelled from the Fallopian tube, was cut away with as much tube as could be included in the ligature. The corresponding ovary was also ablated.

Therapeutics of Convalescence.—Shock was marked immediately after operation, but after a short time the patient recovered, and *bell.* and *merc. corr.* were administered in alternation for 12 hours. The pulse becoming again feeble, *strophanthus* in half-hourly doses was given for some hours, with the effect of decidedly invigorating the heart beats. *Bell.* and *merc. corr.* were again administered, but *strophanthus* had to be recurred to, and this remedy was continued at increasing intervals up to the beginning of the fourth day. Thereafter *china*, followed ultimately by *nux vomica*, was prescribed during the remainder of the convalescence, which was satisfactorily concluded in the usual time.

ANÆSTHETICS AS ADMINISTERED AT THE
LONDON HOMŒOPATHIC HOSPITAL.*

By J. ROBERSON DAY, M.D., Lond.

DURING recent years many changes have taken place at the London Homœopathic Hospital, and the introduction of surgery as an important element in the treatment of disease has necessitated also the introduction of anæsthetics. It is upon this subject I wish briefly to engage your attention.

Before proceeding to the separate divisions of my subject as announced in the synopsis, I may say that during the year 1891, 239 patients were anæsthetised; and during the present year thus far we have anæsthetised 139. The time has varied from a few

* Read before the British Homœopathic Congress, Southport, September 22nd, 1892.

minutes to two hours and 50 minutes, and the *ages* from infants of a few weeks to adults who have attained their "threescore years and ten."

I.—*The Preparation of the Patient beforehand.*

This is a *very* important point in the administration of anæsthetics, and one to which attention is not generally sufficiently directed. Generally speaking, the more attention that is paid to the *preparation* of the patient beforehand the better the patient behaves under the anæsthetic. As a rule, we allow at least four hours to elapse after taking *food*, and *this* consists only of beef-tea, before giving the anæsthetics. In the more serious operations, and where time permits, a few days of special dieting is adopted, the dietary consisting of farinaceous foods, fish and cooked fruits.

In all the "abdominal sections," as far as possible, this preparatory treatment has been adopted; and from what we have just heard from Dr. Burford, and from the uniformly admirable way in which these patients behave under anæsthetics, I am bound to conclude a great deal of the success is owing to this careful preparation. The "digestive tract" is put into a healthy state, and hence vomiting is less likely to occur.

II.—*Selection of the Anæsthetic.*

As far as possible we use ether, this being acknowledged by general consent *the safest anæsthetic*. As ordinarily given, ether is very unpleasant to take, owing to its disagreeable smell and to the cough and spasm of the glottis the irritating vapour so frequently sets up; and all who have administered ether will remember how often the patients struggle during the stage of excitement, requiring to be held down, and give vent to cries which, if heard by the patient's friends, are a cause of terror. Now, it is always of the first importance to avoid alarming the patient before an anæsthetic, and as we often have two or more patients in the operating room at the same time, separated by curtains, it would be extremely undesirable for this to occur.

Fortunately, there is a way of retaining all the advantages of ether and at the same time getting rid of these very unpleasant preliminary phenomena. This consists in first administering N_2O , as will be immediately

described. Some patients are very susceptible to the irritation caused by the ether vapour, and their mucous membranes secrete to such an extent that it may be necessary to discontinue it for the A.C.E. mixture or chloroform. This class of patients, which it is not possible to tell beforehand, may be called the "mucous variety." Under ether they salivate profusely and the swallowed saliva causes vomiting, and the whole of the bronchial mucous membrane secretes abundantly, so that the lungs become, as it were, "water-logged" and choked up with secretion, causing noisy breathing and lividity.

These patients are immensely benefited by a hypodermic of *morphia* and *atropine* before the anæsthetic is given; and whenever the operation is likely to be of long duration I prefer to give this injection. It makes patients who were intolerant of ether from the mucous idiosyncrasy take it well, and in every case less ether is required, and more tranquil and profound muscular relaxation is obtained.

In all our abdominal sections, which so uniformly do well, as you have just heard, I have adopted this plan; the muscular relaxation has been absolute, also the vomiting during anæsthesia absent, and very much lessened afterwards. Besides these advantages the quantity of ether required to maintain anæsthesia is much less than when the preliminary hypodermic has not been employed.

In those cases where ether is not tolerated, as, for instance, where no preliminary hypodermic has been given, and there is much mucus secreted, the anæsthetic mixture A.C.E. generally answers well; but in the case of young children and bronchitic and emphysematous subjects, or patients suffering from renal disease, chloroform has to be given.

Ether causes considerable venous congestion about the head and neck, so when these parts are operated on we substitute the mixture for chloroform, as in the operation of excision of glands from the neck or for adenoids. It is marvellous to see the difference it makes in the amount of hæmorrhage when this change is made from ether to chloroform, vessels which were swelling up with a full stream of blood suddenly cease to flow. Thus we

find there is much to be considered in the choice of an anæsthetic, and always have a variety ready to hand, but my favourite wherever possible is gas and ether.

III.—*Method of Administration.*

For this purpose the apparatus known as Clover's gas and ether apparatus is used. In a typical case, which I will endeavour to describe, I give first of all a preliminary hypodermic injection of *morphia* and *atropin*. Allen and Hanburys' tablets are very convenient for this purpose. For an average adult I give $\frac{1}{4}$ gr. *morphia* and $\frac{1}{160}$ gr. *atropin*. I find this has a marked effect in deadening *all* the reflexes, and hence we get no cough, no swallowing, and no vomiting. The effect of *belladonna* is to check all glandular secretion, and the effect of *atropin* in checking salivary secretion through the chorda tympani is a well known physiological fact. Hence we get rid of all the troublesome salivary and mucous secretion, causing vomiting, which is alike trying to operator and anæsthetist. It was Professor Schäfer who recommended the use of *atropin* in chloroform administration in sufficient dose to paralyse the cardiac inhibitory apparatus, and thereby prevent the danger of stoppage of the heart from chloroform poisoning or from shock. Whatever be the theory, in practice I find it works admirably, and as I have already said economises the ether; often the anæsthesia will remain perfect for 20 minutes or so with scarcely a respiration of ether. This is no doubt a great gain to the patient. This hypodermic injection is best given to the patient in bed a few minutes before getting on to the operating table. I next administer pure nitrous oxide gas, encouraging the patient to take slow and deep breaths, and I find even the most nervous patients with a little tact take this well. As soon as the patient is becoming unconscious, as is told by the altered character of the breathing, I gradually turn on the ether, and as soon as possible let full ether vapour be breathed and then no more gas is required. In the case of very nervous patients this part of the administration may be conducted while the patient is in bed; but the subsequent lifting must be thought of and the movements entailed are very liable to induce vomiting and the patient may partially "come round" during the moving.

IV.—*Duration and Depth of Anæsthesia.*

I have already touched upon this at the commencement. The *Duration* of the anæsthesia depends chiefly on the nature of the operation, the patient suffering principally from *its* shock, and being very little affected by the anæsthetic pure and simple. From the experience of a recent case, I have reason to believe that the preliminary hypodermic of *morphia* and *atropin* that was given postponed the effect of the shock of the operation, which made itself felt as the effects of the hypodermic injection were passing off. The depth or profoundness of anæsthesia can be obtained most perfectly with ether after the hypodermic injection, although it used to be taught that chloroform was preferable when the greatest muscular relaxation was required.

V.—*Sequelæ.*

The most serious and troublesome is *vomiting*. This is nearly always present, but there is no doubt the hypodermic administration of *morphia* and *atropin* materially lessens this, but it yet remains for a remedy to be found to check it altogether.

Bronchitis is said more commonly to follow the administration of ether than chloroform, but we are inclined to think the bronchitis after ether is due to chills to which the patient has been exposed, rather than to the direct effect of the ether; for ether causes great cutaneous congestion, and therefore much greater care is necessary in order to avoid chills. Our plan is to maintain the temperature of the operation room above 65°, and to swathe the patient's chest and neck with a layer of cotton wool. In the graver cases we occasionally maintain the patient's bodily heat by means of hot bottles.

I am fully conscious of the imperfect and fragmentary nature of this paper, but owing to the brief time allotted me it was impossible to give more than a mere outline of our mode of procedure at the hospital.

VI.—Here followed a practical demonstration of the apparatus used.

DISCUSSION.

Dr. J. W. HAYWARD opened the discussion. They were very grateful to Dr. Day for having brought the matter so carefully and fully before them. There was a great variety of anæ-

thetics in use at the present time, and many different methods of administration. They had a very successful anæsthetist at their hospital in Liverpool in Mr. Nicholson, who would no doubt give them the results of his experience. One question had occurred to his mind during the reading of the paper, and that was why Dr. Day used the *morphia* and *atropine* together as an injection. He spoke in favour of the *belladonna*, and yet he put the *morphia* to it. He thought it was a recognised fact, at all events in homœopathic practice, that *belladonna* and *morphia* were anti-dotal. If the *atropin* was too strong, why not give less and not use an antidote?

Mr. NICHOLSON said he had prepared a paper which he would like, with the permission of the Congress, to read.

The PRESIDENT said time would scarcely permit of another paper, although they would be glad to hear any observations Mr. Nicholson might have to make.

Mr. NICHOLSON said in the first instance he would like to confirm a good deal that Dr. Day had said with regard to the mode of preparing the patient beforehand, and the necessity of fortifying the strength with special diet. It was a plan they always adopted at their own hospital. As to the form of anæsthetic, he never used ether, but had invariably employed chloroform. Lately, however, he had experienced two or three cases in which patients had nearly died, and this had set him thinking as to how such results could best be prevented. These cases were liable to occur very suddenly, and however careful the medical man might be he could never be sure that at any moment an accident might not confront him in the shape of a stoppage of respiration. There had been a good deal of discussion in the medical journals, but it had not gone to show that any real safeguard existed. It had occurred to him that as these fatal results were always said to have occurred from paralysis of the *vagus*, and from an overdose, it would be useful to try and find out if it was not possible to prevent giving an overdose. It appeared to him that whatever was opposed to the asphyxial condition was the thing to be sought after, and would render chloroform-giving safe, or as nearly so as possible. Well, the only thing opposed to the asphyxial condition was oxygen. Then came the question as to how the oxygen was to be brought to the patient, provided, as was too often the case, they could not bring the patient to the oxygen. Of course, it was obviously not desirable that there should be a dozen people around the patient. But the point was to bring oxygen to the patient by some special means, and for this purpose Mr. Nicholson had designed a little apparatus which he produced and proceeded to explain. By means of this apparatus oxygen can be introduced, simul-

taneously with chloroform, throughout the administration. He maintained that by this process they could not paralyse the vagus, and therefore could not produce asphyxia. They did not wait until the patient was *in extremis*, and there was no interference with the function of the lungs. The oxygen was introduced from the first, and thereby asphyxia was prevented. Not only so, but the oxygen acted as a stimulant throughout the whole process, and the patient was not in that terrible state of depression after the return of consciousness as was sometimes the case after the administration of an anæsthetic in the ordinary way. (Applause.)

Mr. KNOX SHAW, speaking in reference to an experience of fifteen years, said he had given under various circumstances different kinds of anæsthetics, and must confess that he had a growing feeling in favour of reforming the administration of anæsthetics as suggested by Dr. Roberson Day. He had seen a great number of cases in which chloroform had been given; he had also for many years had given for him the A. C. E. mixture, and this, next to the gas and ether, which of course required an apparatus, was perhaps about the best for general use. Mr. Knox Shaw having had the misfortune on more than one occasion to see fatal results from the administration of chloroform, rather took exception to one or two of the remarks of Mr. Nicholson on this subject. He contended that the patients did not in such cases die of asphyxia. In fact, he went so far as to say that if a patient died from asphyxia it was the fault of the operator. The patients whom he had seen die had died straight off, without any warning whatever. There had not been the slightest symptoms of asphyxia in their cases at all. They had died as a rule before the commencement of the operation, and after only a very small quantity of the drug had been given, and it always seemed to him that the cause of death was some form of cardiac failure. Under these circumstances he would always use in preference some other anæsthetic. While speaking on the subject, he would like to say a word as to the mode of administration. He had had considerable experience of anæsthetics as administered by a colleague. It was hard to create another speciality and take off additional work from the general practitioner. Yet he believed that if the general practitioner would only give up administering anæsthetics when the case was at all serious, and allow it to be done by someone who could give constant care and attention to the work, they would have fewer accidents to chronicle in their records of surgical operations, while at the same time an immense relief from anxiety would be afforded to the operator. (Hear, hear).

His experience was, however, that the men who asked them to operate liked if possible to give the anæsthetic, and they often felt a little annoyed if the operator ventured to suggest that this should be done by someone else. But unless the operating surgeon knew who was giving the anæsthetic, and had the most complete confidence in his colleague, he was compelled to have one eye on the patient and the other on the operation, and that, from his point of view, was a very serious thing. He liked when he did an operation to be able to go to work and forget all about the patient. The difficulty he found was, that as a rule those who did not administer anæsthetics regularly and constantly never gave the patients enough. Either this was the case or they gave them too much, like a young practitioner who once acted as his colleague in an operation, and said, "The patient is well off now," when, sure enough, the subject was nearly at death's door, and it was only by the most prompt measures that restoration was effected. If, on the other hand, the administrator gave an insufficient quantity, the patient either came to during the operation or they did not get that profound anæsthesia which was necessary, and especially so in all abdominal cases. He felt, therefore, that they were specially indebted to men like Dr. Day, Mr. Nicholson, and others who made anæsthetics a special study. He felt especially indebted to Dr. Day, because for some years past the operations which he had conducted had been considerably helped by his assistance.

DR. WOLSTON also spoke of the great advantage of anæsthetics being administered by someone habituated to the work. As to the best form of anæsthetic, that he thought was a debatable point even yet. He was persuaded, however, that where death had occurred it had almost always resulted from giving too little at the beginning rather than too much. It was a notable fact that there were far more such deaths in England than in Scotland, where a bold administration was the rule. The reason why there were so few deaths in Scotland was that, so far as Edinburgh was concerned, the students were taught to be bold in giving the anæsthetics. In the majority of fatal cases there had been timidity in putting the patients under its influence. No other form of anæsthetic was used in Edinburgh than chloroform, and it was given very boldly. Possibly ether might be safer for general use, but where chloroform was given it was most important to give it boldly and fearlessly.

Dr. CASH REED bore out the last speaker's remarks as to the necessity of a bold administration at the initial stage, and said he had never seen a death under chloroform. What did Dr. Roberson Day consider the safest form of anæsthetic for

midwifery cases? In the West of England they had learnt to pin their faith very largely to methylene. It was used in both short and long operations, and he had given it in one case for two-and-a-half hours.

Dr. CAPPER said, as a rule he gave chloroform, and never experienced any difficulty. At Edinburgh, as other speakers had said, they were taught to give it very boldly, and not be afraid of it in the least. It was hardly considered risky. They put the patient under chloroform with the slightest examination. He thought every practitioner ought to be able to give an anæsthetic perfectly well if required. Of course, if a man felt afraid to undertake it he should leave it alone, but he thought all should be able to do it when called upon. He used the A.C.E. very frequently, and found it very useful, as it kept the pulse so good. With regard to ether he always thought the difficulty was with the apparatus. Certainly Dr. Day's apparatus seemed very useful and portable.

Dr. J. D. HAYWARD looked upon oxygen as to a great extent an antidote to chloroform and in one or two of the cases in which at Mr. Nicholson's request he gave oxygen and chloroform as described, the patients were a long time in coming under the influence of the anæsthetic. Mr. Nicholson himself, when the apparatus was used upon him, was very nearly an hour before he (Dr. Hayward) dare run a darning-needle into his thigh. He thought the enormous amount of chloroform necessary must be a danger. Making a rough estimate, he supposed he must have given chloroform in between 300 and 400 cases. He had never had a case which had given him more than a moment's anxiety. Now-a-days it seemed behind the times to argue in favour of chloroform, but frankly speaking he thought the question as to the best form of anæsthetic had not been settled yet. He believed that if given boldly in the initial stage chloroform was perfectly safe. The only other fatal case he had seen was from methylene, in the University College Hospital. Chloroform, but for the special danger associated with it, was far and away the best anæsthetic they had, and he believed that if they were provided with a small battery ready to hand, and a few capsules of amyl nitrite, the practical danger might be reduced to *nil*, so long as a little care was exercised and the plan followed of giving the anæsthetic boldly in the early stages.

Mr. NICHOLSON, adverting to the remarks of Dr. Hayward, explained that the reason why the anæsthetic was so long in taking effect in the case referred to was that the original inhaler was an incomplete apparatus. It was now so constructed that there was a great deal less air admitted, and

consequently the induction of anæsthesia would not take so long.

The PRESIDENT remarked that his own experience in the use of anæsthetics had lain chiefly with chloroform. For some time it was his duty to administer it in the Edinburgh Royal Infirmary for Mr. Syme, and the advice given there was to administer steadily and boldly. He never saw a case attended with any harmful results. He had used it constantly since. It had one great advantage in the fact that they needed no apparatus beyond a handkerchief or towel. This was a decided benefit in ordinary cases. Possibly for hospital purposes, and for operations taking any considerable length of time, they would be more at ease with some one of the various appliances in use, and perhaps with ether.

Dr. ROBERSON DAY, in reply, pointed out that at so late an hour (it being almost time for Congress to adjourn) it would be impossible to enter upon a discussion as to the relative merits of the various anæsthetics in use at the present day. He would, however, as briefly as possible, endeavour to answer the questions raised. Dr. Hayward asked why he used *atropin* and *morphia*. He had been asked the same question before. He could only say that by experience the combination had been found to answer very well. The *atropin* no doubt acted on the cardiac ganglia, and did away with the inhibitory action of the vagus, while the *morphia* acted on the brain, and by its powers of producing sleep lessened the necessity for so much ether. He could not speak from experience of Mr. Nicholson's method of administering chloroform. Mr. Nicholson told them he had had three almost fatal cases, and he thought the facts went to show that chloroform should always be given by the open method, with an abundance of air. No doubt the jet of oxygen conveyed by Mr. Nicholson's apparatus to some extent answered that purpose. Unfortunately, in the medical papers, they read almost every week the record of a death from chloroform. In Edinburgh the success of chloroform administration was certainly remarkable. It was the home and birthplace of chloroform. The long correspondence which the Hyderabad Commission called forth upon the relative merits of ether and chloroform showed that practitioners generally felt chloroform was not so safe as ether, although that Commission endeavoured to prove that it was the safest form of anæsthetic. The question was one of very great importance, and would no doubt be further discussed when opportunity arose, but owing to the advanced stage of their proceedings it was impossible to enter into it more deeply upon the present occasion. He thanked the Congress, in conclusion, for the attention they had given him.

THE NEUROTIC ELEMENT IN THE TREATMENT OF DISEASE.*

By GEO. NORMAN, M.R.C.S.

As the few observations I have to make are meant simply as an opening for a discussion, I will at once state the subject for discussion in the form of a question.

In the selection of a remedy for the treatment of any disease, what importance is to be attached to the mental and moral symptoms?

I am aware that this is an old and well debated question, but I thought it might be a useful subject for us as a Society to discuss, considering the growth there seems to be amongst our body generally of eclecticism on the one side, and extravagant high dilutionism with all its accompaniments on the other.

My attention was also directed to this subject by certain cases that came under my notice during the past winter's work.

Of course the first idea that suggests itself is that the subject of disease in general is a wide one, and that there are some diseases in which the mental and moral symptoms would be of much more importance in the selection of a remedy than they would be in others.

Let us see what Hahnemann says on the subject:—

“Mental diseases do not, however, constitute a class of disease distinctly separated from all others, since in all the other so-called corporeal diseases, the condition of the disposition and mind is always altered, and in all cases of disease we are called on to cure, the state of the patient's disposition is to be especially noted, along with the collective symptoms if we would trace an accurate picture of the disease, in order to be able therefrom to treat it homœopathically with success.

“This holds good to such an extent that the state of the disposition of the patient often gives the chief bias to the selection of the homœopathic remedy, as it often consists in symptoms of marked peculiarity, which amidst all those present, can least remain concealed from the accurately observing physician.

* Read before the Western Counties Therapeutical Society, June 24.

“ The Creator of therapeutic agents has also bestowed particular attention on this main feature of all diseases, the altered state of the disposition and mind, for there is no powerful medicinal substance in the world which does not very perceptibly alter the state of the disposition and mind in the healthy individual who tests it, and every medicine does so in a different manner.

“ We shall therefore never be able to cure conformably to nature, that is to say, homœopathically, if we do not in every case of disease, even in such as are acute, observe, along with the other symptoms, those relating to the changes in the state of the mind and disposition, and if we do not select for the patient's relief, from among the remedies, such a morbid agent, as in addition to the similarity of its other symptoms to those of the disease, is also capable of producing a similar state of the disposition and mind.”

In these sentences the importance attached by Hahnemann to the mental and moral symptoms cannot be denied, and the question arises how are these principles interpreted in the present day, and how far are they acted upon? For the sake of clearness of discussion, I venture to arrange our subject under three heads:—

1.—*Mental Key Notes.*

The selection of a remedy principally on account of its correspondence with some symptom or symptoms of the mental or moral condition.

2.—*Totality of Symptoms.*

The selection of a remedy which shows a close correspondence with all the symptoms, including the mental and moral conditions.

3.—*Pathological Conditions.*

The selection of a remedy which is believed to produce a similar pathological state to that of the disease to be treated, no attention being paid to the mental or moral conditions.

1. *Mental Key Notes.*—Although Hahnemann enforces the importance of the state of the disposition as some

times giving the chief bias to the selection of a remedy, I do not know how far he would have agreed with the extreme views of some practitioners of the present day.

The use of key notes to a large extent owes its development to the difficulty and length of time required for obtaining a drug picture perfectly corresponding with the totality of symptoms; and if used merely as a guide to the proper remedy they may be of great use, but when systematically used as the sole factor on which to base a remedy they are likely to prove unreliable and disappointing to the seeker after a permanent cure.

There is no time to give examples of this sort of practice, but the perusal of certain journals circulated by this Society will give ample demonstration of the subject.

As examples of the broader use of the key note system we may take Hahnemann's observation on *aurum* and *chamomilla*. Of *aurum* he says: "I have cured quickly and permanently of melancholia resembling that produced by *gold*, many persons who had serious thoughts of committing suicide."

We have all, I suppose, had cases of this kind where *aurum* has been prescribed with benefit; I can recall several such cases, but in the last one I am bound to say the remedy was as equally indicated for the state of the heart and large blood vessels.

Of *chamomilla* Hahnemann says:—

"*Chamomilla* in the smallest dose seems to diminish in a remarkable manner over-sensitiveness to pain, or the too acute sufferings of the organs of the emotions from excessive pain. On this account it is unsuited for persons who bear pain calmly and patiently."

I have been very much struck with the value of this remedy in the class of cases above described as a palliative to excessive suffering when badly borne.

I have prescribed it in dilutions from the 12th to the 30th in cases of cancer of the breast, *tabes mesenterica*, peritonitis, sub-acute rheumatism and influenza, and rarely failed to get temporary relief from acute suffering.

The following remarks by Carroll Dunham seem to me very much to our purpose:—

"Characteristic symptoms must of necessity be for the most part subjective and seemingly trivial phenomena. A list of them alone, if presented as the pathogenesis of a drug, would be as meaningless and, at

first sight, as ridiculous as a list of the colours, and marks, and angles and curves, by which friends recognise each other would be, if presented alone as the sum total of the properties of certain genera and species of the animate creation.

“As a background to the latter there must be a series of phenomena capable of morphological and organic arrangement, and as the base of the former we must have a series of objective and organic symptoms capable of physiological and pathological arrangement and of approximate explanation. But it must never be forgotten that without the characteristics there can be no individualization, and without this there can be no accurate homœopathic prescription.”

Regarding key-notes, we may say, with Farrington, “In their place, valuable; out of place, valueless and even harmful.”

3. *Pathological conditions*.—For convenience I take No. 3 next, although, I suppose, in order of popularity, it should have been taken first, as prescribing for the disease rather than for the patient is, I believe, the most usual form of practice amongst us.

The reason of this is, I think, to be found in the comparative easiness of the method, and also in the training we all receive at the medical schools, where pathology is exalted to the chiefest place and therapeutics is consigned to the lowest.

Whilst sympathising largely with the pathological stand point, there are certain difficulties to be noted.

For the convenience of systematic medicine, diseases are arranged in formal lists, but we know very well in practice we find points of dissimilarity between case and case of the same disease, and here comes in the need of individualisation, without which we are apt to get less successful results than we expected.

In regard to individualisation of mental and moral conditions Hahnemann is very positive, for we find him saying, “*Aconite* will seldom or never effect either a rapid or permanent cure in a patient of calm, equable disposition, and just as little will *nux vomica* be serviceable when the disposition is mild and phlegmatic, *pulsatilla* where it is happy, gay and obstinate, *ignatia* where it is imperturbable and disposed neither to be frightened nor vexed.”

Again, in private practice we constantly meet with cases which defy classification, and where pathology is of very little help to us. What can we do under such circumstances better than prescribe strictly symptomatically?

2. *Totality of Symptoms*.—Theoretically, I suppose we are all agreed as to the superiority of prescribing according to the totality of symptoms, bearing in mind, of course, the mental and moral conditions.

Having collected the objective and subjective symptoms we obtain, in one sense, the pathology of the case, and our object is now to obtain a drug, the general effects and the individual symptoms of which correspond with the case before us; or, as Farrington says, the genius of the drug must suit the genius of the case.

“ You have a case of typhoid fever. That must not be valued except by comparison, showing how the present case differs from the general disease. If the genius of the case under treatment suits the genius of *baptisia*, and if you give that remedy, the patient will recover, whether you call his case typhoid fever or mumps. If this is not the case, *baptisia* will do no good. If the patient has the *baptisia* symptoms, ‘thinks he is double or all broken to pieces,’ that drug will not cure unless the genius of *baptisia* is there too.” Here is an anecdote of Carroll Dunham:—

At a certain consultation there was chosen for a patient a drug which seemed to have many of his symptoms, but when Dr. Dunham was asked for his opinion as to whether that drug was the simillimum, he replied: “ No, I think not, for the general character of *ignatia* does not correspond with the general character of the patient, which does correspond to *baryta*. You will find his most prominent symptoms under *baryta*.”

There is, I am afraid, no royal road to this accurate acquaintance with drug action; it is only to be obtained by the hard work of a life-time. There is, however, one way in which busy practitioners who have very little spare time for study could be decidedly helped, viz., by the purging of our *Materia Medica*s and *repertories* of a great deal of what Farrington in his plain way calls “ bosh.” On this account we welcome the completion of the *Cyclopædia of Drug Pathogenesis* as an earnest of

another more useful and usable *Repertory* than we at present possess.

I quote a summary of the subject by the late Dr. Madden:—

“ The very existence of the pathological school in one direction, and the ‘key-note system in the other, tends to prove how often we are compelled to rely clinically upon something short of the beau ideal.’ . . . I believe that in the present state of our knowledge we must sometimes follow the subjective symptoms and sometimes the objective conditions, and that all who strive to do the one or the other exclusively, fail to effect the greatest number of cures. . . . It seems to me that if some possible union of the two methods of treatment could be devised patients would benefit materially. We ought certainly whenever possible to relieve our patients’ sufferings, while at the same time we ought not to neglect the pathological condition. . . . How this is to be accomplished I confess I do not at present see, since the medicines indicated by the subjective symptoms so often differ from those which are directly related to the pathological state. . . . On the whole, perhaps, all we can at present learn is, that when either set of symptoms markedly exceeds the other in importance, that aspect of the case may become the subject of successful treatment even by a remedy which only covers that part of the disease.”

This was written in 1869—Have we advanced any farther since then?

There is, I think, no doubt that in these days of cramming schools, stiff examinations, increasing competition in every walk of life, and the general high pressure at which we live, the nervous system suffers a much greater amount of wear and tear than it did in the time of Hahnemann; indeed I should not be far wrong if I said that the nervous system was now constantly overstrained. My answer to the original question would therefore be:—

That the study of the mental and moral symptoms should be a constant practice, as these symptoms are becoming an increasingly important factor in the diseases of the present day, and therefore of increasing importance in the selection of the remedy.

REVIEWS.

Ophthalmic Diseases and Therapeutics. By A. B. NORTON, M.D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital. Boericke and Tafel: Philadelphia, 1892.

OUR old friend, Allen and Norton's *Ophthalmic Therapeutics*, has now assumed a new shape in the volume before us. "The appearance of this work has been due to two causes, namely: The desire to continue the publication of the *Ophthalmic Therapeutics*, which was first brought out by Drs. T. F. Allen and George S. Norton, and subsequently a second edition by Dr. Norton alone. . . . This work has also to be completed in order to continue and carry out the plans of my brother the late Dr. George S. Norton." (Preface.) This work is now much more of a general treatise of ophthalmology than formerly, when it confined itself almost entirely to the therapeutics of diseases of the eye. It will thus be of greater value to the student, and with the addition of a chapter on errors of refraction, which we are surprised to see missing, it might well become the text book of those who study ophthalmology in homœopathic hospitals and colleges. In the chapter devoted to affections of the ocular muscles, though Maddox's rod-test is mentioned as the best method of detecting muscular asthenopia, no mention is made of his method of measuring the deviation of the eye in strabismus, nor is reference made to the perimetric method of measuring the angle of the strabismus. We are pleased to see Dr. Norton protests against the indiscriminate use of graduated tenotomies in heterophoria, preferring orthoptic exercises combined with the properly selected remedy, the indications for which are carefully given. A remedy we should have been disposed to have placed amongst those of primary importance—*macrotin*—we note is relegated to a list of supplementary medicines that may be consulted. In the treatment of that obstinate affection, trachoma, he refers to the difficulty of relying entirely on the internal administration of medicines alone, and he speaks highly of the operative treatment by Knapp's roller forceps (described in the *Archiv. Ophthalm.*, vol. xxi., 1892). On the interesting subject of the efficacy of homœopathically selected remedies in the arrest or cure of incipient senile cataract, we find that he is of opinion, "that the tendency to progress to complete opacity *can be checked* by homœopathic treatment in the majority of cases." He bases his opinion upon a report of one hundred cases published in the *North American Journal of Homœopathy*, Dec., 1891. Still

we must remember that a good number of cataractous lenses make very little progress in deterioration of vision, and in some cases the opacity may even clear up to some extent without any remedy being administered. Though Dr. Norton considers the revival of cataract extraction without iridectomy as the ideal operation, we judge that he still adheres to the older and more usually adopted operation, the modified Graefe.

There is much to praise and but little to criticise in this interesting work. The description of the diseases is concise, clear and well up to date. And, whilst the homœopathic treatment is most fully entered into, local and operative measures receive due consideration. The volume is nicely illustrated, though few, if any, of the drawings are original; but a wise selection has been made. The subsections of the chapters are printed in the same type as the principal remedies, and as there is no break between the heading of a fresh subsection and the remedies of a disease just described, there is some confusion. The reviewer has a personal predilection for giving the remedies in the order of importance, rather than alphabetically, as in this work. We lose thereby the experience of the author as a guide to the selection of the most useful remedy.

Most diseases conform to a great extent to a well-recognised type, and there are groups of remedies allied in their action to the more usual forms of the disease. Experience teaches us which remedies have the more universal application, and these should have the place of importance. The atypical ones are necessary for reference in atypical types, and these might well occupy a secondary place.

Take as an instance, the subsection "Conjunctivitis Phlyctenularis," p. 128-136. For the treatment of this affection thirty-seven remedies are given, with their indications, in addition to ten merely mentioned by name as having proved serviceable. Of the thirty-seven there are probably about twelve which would be found most often used in any ophthalmic clinic, and to which the student's attention should be primarily drawn. He becomes confused and bewildered with such a surplusage of good things, and he would value his teacher's experience in directing him to which of these remedies he should first look; if he does not find his case there he can easily turn to the other and less usually indicated ones. Nevertheless, this is undoubtedly the best book on diseases of the eye written from the homœopathic standpoint and will be a valuable addition to the library of any medical man, whether he devotes his attention specially to ophthalmology or not.

The Physician's Diary and Case Book for 1893. London:
Keene & Ashwell, New Bond Street.

WE have the pleasure of again noticing the issue for 1893 of this most useful Diary and Case Book. The diary space for each day is sufficient for all practical purposes; there is a lettered index, while for case-notes there are 194 quarto pages. We advise all our readers to get a copy.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the present session was held on the 3rd ult., the President, Dr. J. Galley Blackley, in the chair. The following gentlemen were elected members of the Society:—Drs. Abbott (Wigan); Bellis (London); Bird (Penarth); Blumberg, Jun. (Southport); Blyth (London); Brochie (Belfast); Clifton (Sheffield); Collins (Leamington); Deane (Aldershot); Finlay (Rawtenstall); Gordon (Liverpool); Green (Birkenhead); Green (Ealing); Hamilton (Newcastle); J. D. Hayward (Liverpool); Huxley (Birmingham); McLachlan (Oxford); Moir (Manchester); Rean (Brighton); Cash Reed (Plymouth); Roberts (Harrogate), Roche (Ipswich); Scriven (Dublin); Wilkinson (Northampton); Wilkinson (Bolton); Williams (Clifton); Wingfield (Birmingham).

Dr. HERBERT NANKIVELL opened a discussion on the treatment of pleurisy. In his paper he sketched the treatment of the various kinds of pleurisy, giving illustrative cases. Referring to phthisis following pleurisy, he expressed his opinion that the best treated case of pleurisy may lead to fatal chronic disease. In his remarks on treatment, he advocated thorough removal of all fluid, unless purely serous, by surgical means; the medical treatment consisted in the administration of the usual remedies, of careful and strengthening diet, physiological rest and the absolute avoidance—later on—of getting out of breath. Lung exercises, he said, were of great value in restoring the damaged and contracted lung. Before closing Dr. Nankivell related a case of diaphragmatic pleurisy, occurring first on one side and then on the other. Physical signs were at first in abeyance. Later, effusion occurred on the side last attacked. The patient made a good recovery.

Dr. MIDGLEY CASH gave as *causes* of pleurisy—gout, syphilis, influenza, pyæmia, tubercle, traumatism and extension of inflammation from neighbouring parts. He recommended

that *aconite* be used alone at first, and followed by *bry.*, *bell.*, or in traumatic cases, *arnica*. *Bryonia* was capable of effecting absorption with the least possible delay. As it is impossible to watch a case from hour to hour, Dr. Cash advocated alternation of remedies. If effusion has lasted some time *sulphur* was a most useful remedy. A case of pleurisy, induced apparently by lifting a block of stone, was narrated, and allusion made to the pleurisy of miners. In a severe case of dry pleurisy the pain was relieved by *ran. bulb.* and *ran. scler.*; *drosera* was given for cough. To promote convalescence, *ars. iod.* and *chin. sulph.* and generous diet.

Dr. WYNNE THOMAS dwelt on the accepted surgical treatment of pleural effusions. Recalling the "evil days," when to open one of the closed cavities of the body was a serious risk, he contrasted the successful antiseptic treatment of the present day. He advised surgeons to make free openings, with removal of rib when necessary, and quoted cases where very early puncture had been followed by speedy and complete recovery. Some authorities, he said, adopt a time-limit as an indication for operation; others are guided by the quantity of fluid. The site of puncture must be selected sufficiently high to avoid injuring the diaphragm. An injection was to be done without if possible; if the discharge is septic it should be used.

DISCUSSION.

Dr. DUDGEON said that in the early "prehistoric" days of his practice, owing to the hazardous nature of the proceeding, and as a stern disciple of Hahnemann, he did not frequently operate. In one case nature showed that he was mistaken, for one day the patient vomited up two or three pints of purulent matter—the empyema having evacuated *viâ* the oesophagus. The case did well, however, and the lady is now living.

In addition to the remedies noticed by the readers of the papers, Dr. Dudgeon spoke well of *cantharis* in dry pleurisy, giving a recent case in illustration.

Dr. CLARKE corroborated Dr. Cash's mention of *bell.* He gave as the indication for the drug in this disease (besides the general *belladonna* symptoms) "the patient cannot lie on the affected side," so much tenderness existing. *Sulphur* was another remedy which had removed the pain of pleurisy, together with other symptoms, in a case where the pain was so severe that the patient could not cough.

Dr. A. C. CLIFTON said that our main point should be to prevent the development of such a condition as would necessitate surgical interference. He would not hesitate to call the surgeon when necessary. The remedies which had served

him well were *acon.*, *bell.*, *bry.*, and—of late years—*veratrum viride*. Another remedy not alluded to by other speakers was *iodide of sulphur*, which was of service during convalescence.

Mr. H. WYNNE THOMAS emphasised the necessity of feeding the patient up after a severe illness, such as empyema. He related a case in which a large amount of pus was evacuated. He pointed out that in this case, even when the temp. was very high (104° F.) the pulse was little over 100, and the respiration only 27-32. The evacuation of nearly 5 pints of pus affected the breath rate very little—bringing it down to 26-28; the lung expanded only slowly.

Dr. HUGHES alluded to some cases in *L'Art Médical* (see p. 769) treated with *canth.* and *sulph.* He said we should give the medicines the fullest possible opportunity. His experience in serous effusion was that usually remedies were all-sufficient. When the discharge is purulent it should be let out.

Dr. DYCE BROWN said that in some cases *aconite* failed to relieve, and he had used [*baptisia* with beneficial effects. He thought *arsen. iod.* had not been brought sufficiently prominently forward. It was especially indicated where the patient is of weakly condition, and where the fluid is not purulent, and where the temperature is very slightly raised above normal. The speaker endorsed the use of *belladonna*.

Dr. BYRES MOIR asked the question, is tubercle the result of the pleurisy (in phthisis following pleurisy) or *vice versa*? He said that in children pleurisy is often overlooked, and the cases are called febricula. If after the end of fourteen days no improvement has taken place under medicinal treatment, he proceeds to evacuation. Sometimes an exploratory puncture is sufficient to start re-absorption. The recent epidemics of influenza have caused a large increase in empyema.

Mr. DUDLEY WRIGHT remarked that resection of the rib is needed in old people, where the want of elasticity of the ribs will not allow of their sinking in. Washing-out should be done as frequently as necessary. The only thing is that the fluid should not be injected, but the antiseptic fluid allowed to fill the cavity and flow out of its own accord. He said that in the hospital they had operated on phthisical cases without bad results.

Dr. EDWIN A. NEATBY narrated a case corroborative of the virtues of *apis*. As after treatment he had used Koch's tuberculin (in the 4th and 80th dilutions) in tuberculous subjects with gratifying improvement to the general health. He also emphasised the importance of exercise of the lung to ensure the fullest possible expansion of the chest.

Dr. JAGIELSKI advocated the use of the spirometer.

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

THE usual monthly meeting was held in the Hahnemann Hospital on November 8rd, Dr. HAWKES, the President, occupying the chair. There was a good attendance of members.

After the usual private business of the society, the question of the proposed amalgamation of the society with the British Homœopathic Society was brought forward, ultimately a resolution was passed to the following effect: "That the Liverpool Homœopathic Medico-Chirurgical Society would be willing to be amalgamated with the British Homœopathic Society, provided that the conditions of such amalgamation be considered acceptable." It was agreed that the Secretary should be asked to write to the Secretary of the British Homœopathic Society, to ascertain definitely the terms on which amalgamation is suggested.

An interesting case from one of the hospital wards was brought before the Society. The patient was a little girl about eight years of age. Dr. Rowland Wilde in giving a short account of the case, said that it had been diagnosed as one of leukæmia or leucocythæmia. The illness dated from about five years previously, the first manifestation being a swelling beneath the ribs on the right side. At the time when the patient was shown, the liver was enormously enlarged, and the spleen slightly so. The heart was sound. A cavity was present in the apex of the left lung, and moist crepitations could be heard at the right apex posteriorly. The sputum had been examined for bacilli, but none had been detected. An examination of the blood showed a diminution of the red corpuscles to less than half the normal quantity; they were pale in colour, and of various shapes. The white corpuscles were only increased in number relatively to the red. The urine was albuminous.

Dr. HAWKES then delivered the Presidential address, which was postponed from the October meeting. After referring at some length to the lamented death of the late Dr. Drysdale, he proceeded to discuss the question as to how the antipathy to surgery has arisen in the minds of some homœopathic practitioners. Hahnemann himself pointed out the importance of surgery, and we ought not to simply strive to imitate nature in her means of cure, when there are other means at our hand infinitely more prompt and more sure. Hence the line followed both in the London and the Liverpool Homœopathic hospitals of having on the staff, surgeons who can deal with anything likely to occur, is in accordance with the spirit of the Master.

Referring to the attitude of the profession, he remarked that in Liverpool a much more friendly spirit seems to be abroad. It is not because we have given way at all, but at least some think that the *odium medicum* has been carried far enough. Various possible causes of this change of feeling may be conjectured, but it is impossible to speak positively of them. These friendly advances should be accepted by all the means in our power ; but without compromising ourselves, or proving false to our tenets.

Dr. Hawkes then passed on to speak of hospital matters, and mentioned the importance of our maintaining harmonious relationship among ourselves, and the necessity of full confidence in the senior medical officers. He then reviewed the changes he had witnessed during the last twenty years in connection with the dispensary and hospital, referring to the men who had passed through them, and were now practising elsewhere. Concluding, he urged upon all the importance of striving to forward the banner of truth, which Drysdale and others, having snatched from the flagging hands of Hahnemann, have in turn handed on to us.

LIVERPOOL AND AFFILIATION.

At the invitation of Dr. A. Hawkes, a meeting of medical men interested in homœopathy was held at 22, Abercromby Square, Liverpool, on Thursday evening, October 20th, to meet Mr. Knox Shaw and Dr. A. C. Clifton, and to hear from them and consider the proposals of the British Homœopathic Society to extend its organisation and influence, especially with a view to the formation of branches.

The following gentlemen were present :—Drs. J. W. Hayward, Birkenhead ; A. C. Clifton, Northampton ; T. Nicholson, Liverpool ; P. Proctor, Birkenhead ; T. Simpson, Waterloo ; E. Mahony, Liverpool ; J. M. Moore, Liverpool ; George Clifton, Leicester ; A. E. Hawkes, Liverpool (President of the Liverpool Homœopathic Medico-Chirurgical Society) ; R. G. Smith, Liverpool ; C. K. Shaw, London ; P. Stuart, Liverpool ; J. D. Hayward, Liverpool ; J. W. Ellis, Liverpool ; J. Gordon, Liverpool ; H. H. Wilde, Liverpool ; E. Capper, Liverpool (Secretary of the Liverpool Homœopathic Medico-Chirurgical Society) ; C. W. Hayward, Liverpool ; C. T. Green, Birkenhead ; F. W. Davidson, Liverpool ; H. Blumberg, jun., Liverpool ; B. Thomas, Liverpool ; and Dr. R. Wilde, House Surgeon, Hahnemann Hospital.

Dr. HAWKES, in opening the meeting, said that this was not a meeting of any Society, but of local men interested in homœopathy, some of whom were members of both the British Homœopathic Society and the Liverpool Homœopathic

Medico-Chirurgical Society, and others of only one of them. They wanted to gather the feeling of those present as to the scheme the British Homœopathic Society was now propounding, and about which most of them already knew something. No actual decision could be come to with regard to the Liverpool Society until their meeting of the 3rd of November next; but as Mr. Knox Shaw could not attend on that day it was decided to have an informal meeting to-day.

Mr. KNOX SHAW spoke at some length on the importance and necessity of the proper organisation of the homœopathic body. He explained the advantages of such a step, both to the cause of homœopathy and to its practitioners. He then advocated the formation of branches, saying that the parent Society desired to give the greatest freedom to any branch that might be formed in the management of its own affairs, provided, only, that nothing be done contrary to the laws of the British Homœopathic Society. The Society as it now existed fettered no man in his action. The publication of the *Transactions* was then explained, and it was shown how all work done by any branch would become work done by the Society, and would appear in its *Transactions*. The question of whether the subscription to the Society should include the small subscription necessary for the work of the branches was alluded to and expression of opinion asked for. Lastly, the annual supplement to the *Transactions*, containing the list of officers and members of the Society, was discussed, and the probable form it would take outlined. An animated and interesting discussion took place, in which Drs. Hayward, Proctor, Mahony, Green, John Hayward, Murray Moore, Charles Hayward, Ellis, Simpson, Clifton, and Capper joined. The feeling of the meeting was expressed by a show of hands in favour of the formation of a Liverpool branch, but expression was given to the wish that the subscription should include that to the local branch. Later on a strong opinion was expressed that the *transactions* should have a more distinctive title, and it was suggested that it should be called the *Quarterly Journal of Homœopathy*.

The meeting, which was considered by all concerned to have been highly successful, adjourned, at the invitation of Dr. Hawkes, to supper, and a very pleasant re-union closed the proceedings.

A special meeting of the Society was held on November 17th, in order to consider a communication from the Secretary of the British Homœopathic Society, with reference to the proposed affiliation. At this meeting the following resolution was unanimously passed:—

“That the Liverpool Homœopathic Medico-Chirurgical

Society applies to become a branch of the British Homœopathic Society, under the conditions of Rule XI of that Society :

“ Provided that—

“ 1. The same conditions as to Fellowship and publication, apply to communications to the branch, equally with communications to the parent Society.

“ 2. That the branch Society have the power to elect its own members.

“ 8. That the branch have a representative on the general council.”

MEETING OF THE WESTERN COUNTIES THERAPEUTICAL SOCIETY.

Held at Bath, October 28th, 1892.

Present :—Drs. G. Norman and MacKechnie, of Bath ; Drs. A. S. Alexander and W. Cash Reed, of Plymouth ; Dr. S. P. Alexander of Portsmouth ; Drs. E. Williams, T. W. Bodman, R. W. Barrow and T. D. Nicholson, of Clifton. Visitors :—Dr. Smart, of Combe Hay, Bath ; Mr. C. Knox Shaw, of London.

Mr. Knox Shaw attended the meeting by invitation as representing the British Homœopathic Society, and made a statement of the new plans proposed by the Society. He ably argued the matter and urged a more solid union of all those who believe in and cultivate homœopathic therapeutics. Considerable approval was expressed and the proposals to affiliate this Society with the B. H. S. was left over for final decision.

Dr. S. P. Alexander then read a paper entitled *Notes on Obstetric Practice*, which we hope to print in an early number.

There was but little time for discussion, but the paper was commended as a very practical one. The use of the pessary in some cases of pregnancy met with favour, and several drugs were discussed—*viburnum* being one not mentioned by the writer, and being very valuable as a preventive of abortion.

NOTABILIA.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE DINNER,

which was excellent, and did great credit to the establishment, took place in the evening at the Queen's Hotel, when in addition to the members several visitors were present, among them were Mr. J. R. Ramsbotham (Bradford) ; Mr. S. R.

Meredith (Leeds); Mrs. Ramsbotham; the Misses Ramsbotham (2); Mr. A. Ramsbotham; Rev. E. and Mrs. Kemball (Coniston Cold, Yorkshire); Mrs. Pope (Grantham); Mrs. Hayle (Rochdale); Mrs. Roberson Day (London); Miss Blumberg (Southport); Mrs. Burwood (Ealing); the Rev. J. Chater; Mr. J. J. Barlow; Mr. B. Boothroyd; Mr. G. H. Hyde; Mr. Alleyn Brown; Mr. J. G. Ormerod (Southport); and others.

The PRESIDENT occupied the chair, and at the termination of dinner proposed the loyal toasts in happily chosen terms, which were most heartily responded to, the company singing "God save the Queen."

The PRESIDENT shortly afterwards again rose in order to give the toast of the evening, "The Memory of Hahnemann." They were met, he said, as a body of men professing certain principles which their convictions assured them were true, and adopting certain methods which their experience taught them were for the benefit of those who sought their assistance. It would be strange indeed if, under those circumstances, they omitted to do honour to the man who first formulated those beliefs and reduced to rule those methods. True it was that Hahnemann, by his genius and sagacity, conferred upon medicine, and her handmaid chemistry, many benefits which might have won him recognition and honour even from those to whom his great discovery of the relation that exists between disease and its remedy seemed but as the dream of an enthusiast. But it was his discovery of this law which entitled him in an especial degree to the regard and honour of an assembly such as this. Since his day many things had changed. Pathology, which from its inaccuracy and uncertainty he rejected, had now taken its place as one of the most accurate and best understood branches of medical science. Therapeutics, too, had changed. Simplicity had taken the place of complexity in the compounding of medicines, and barbarous adjuncts to treatment formerly in use had been replaced by milder and more merciful measures. It was possible, indeed, that had Hahnemann possessed even the information which was now at the service of the veriest tyro in medicine, some of the minor propositions which he laid down would never have been formulated. Some of these had been swept away by the advancing tide of knowledge, but the great central law which he gave them remained unaltered and unaffected. It had been assailed in every possible way save one. It had been ridiculed; it had been spurned; even arguments, of a kind, had been brought against it; but *it had never been disproved by the evidence of facts.* (Hear, hear.) When that time came—when this great law was proved false—

then, and not till then, would it be time for them to turn their backs upon it, and leave it and its discoverer to that forgetfulness which had buried in kindly obscurity many a fashion or craze in medicine originally heralded as the great panacea for all ills—the one thing needed. Till then, let them do honour to the memory of Hahnemann, and let them do so not merely by this empty ceremonial but by following the example which he set them, by each endeavouring, so far as he could, to leave the art they professed richer, better, and clearer than they found it. (Hear, hear). He therefore called upon them to rise to their feet, and in the silence which befitted those who assembled round the grave of a hero, to pledge themselves to “The Memory of Hahnemann.”

The toast was drunk, according to custom, in respectful silence.

Dr. G. CLIFTON gave “The Homœopathic Hospitals and Dispensaries.” He was pleased to see such a large assembly—larger, he believed, than they had seen at a Congress in one of the outside districts for many years. He was also pleased to see so many ladies. (Hear, hear.) He hoped it was the augury of better things. Speaking for himself, he should be very glad to see many more ladies in their profession, feeling convinced that under the system of homœopathy many ladies would adorn the practice of medicine. (Hear, hear.) Passing on to the subject of the toast, the speaker pointed out that the institutions on whose behalf he had risen were for the benefit of all classes, and laid special stress on the value of dispensaries to the poor. He held it to be the duty of every homœopath, in whatever town or district he might be placed, to first of all plant the standard of homœopathy by starting an institution which would be for the benefit of the largest number of the community—a dispensary. It would give young men an opportunity of studying all phases of disease, and perhaps of founding a practice in a shorter time than they otherwise would, and would at the same time extend the knowledge and benefits of homœopathy among the public. The two classes who were the best friends of homœopathy were: first, those who knew and understood the rule of *similia similibus curentur*, and secondly, those who availed themselves of homœopathic treatment because they knew it did them more good than anything else. In the spreading of this knowledge of homœopathy, not only among their medical men but among the public at large, their dispensaries had taken a prominent part. Turning to their hospitals, they ought not to forget on an occasion such as this that they were greatly indebted to men like Dr. Blumberg, who initiated the Homœopathic Hospital at Southport, for

the work they had done in establishing these institutions. He had not had the pleasure of accompanying those who went round the Southport Hospital that day, but he remembered going to see it some years ago. He was glad to say that they had now nearly twelve hospitals in different parts of Great Britain, which were doing a great and glorious work, and helping to spread the knowledge and benefits of homœopathy. At the same time, while fully acknowledging the good work done by those practitioners who had been enthusiastic enough to try and start a small hospital in whatever town they had been placed, he could not help thinking that these institutions had not in the past done all the good they had been capable of. He had watched the course of the London Homœopathic Hospital from year to year, and thought it ought now to be a centre of teaching to a much greater extent than it had been in the past. Young men in practice in London had been too apt to look upon the hospital as associated with a lazy sort of life, and he thought the same feeling had been entertained respecting other hospitals on the part of many of the younger members of the profession. He was glad to see that the young blood among them was coming more to the front. When he was a student he was told, almost in the form of a taunt, that homœopaths—well, they gave some sort of medicine, but no one ever saw any results, and there were homœopathic hospitals and dispensaries, but the public knew nothing about them. They ought to have a better system of teaching in their hospitals than they had had in the past. The young men should be induced to take classes which would be for their own benefit, and they should be able to go from the London hospital having seen treatment which they would be anxious to emulate in whatever institution they might afterwards be connected with. While speaking of their hospitals he could not but refer to the untimely loss they had sustained by the death of Major Vaughan Morgan. (Hear, hear.) They owed to such men the greatest possible debt of gratitude, men who had voluntarily come forward and given not only their money, but what was a much greater gift, their influence, and in fact their lives, in the endeavour to uphold and promote what they believed to be the truth. It might be said, when this had been done by homœopathic practitioners that they had reaped a direct benefit from their own work. Such men as Major Vaughan Morgan, Mr. Tate, and others, came forward and helped these institutions simply from philanthropic motives and for the benefit of the true science of homœopathy. He asked them to drink to "Success, more enthusiastic work, and still more beneficial results for their homœopathic hospitals and dispensaries." (Applause.)

Dr. BLUMBERG, whose name was connected with the toast, thanked them for the very kind manner in which they had received it, and before passing on to speak on the subject of their hospitals, said he was delighted to find that the proposer shared his opinion—that ladies were the prettiest exponents of their doctrines. (Hear, hear, and laughter). Homœopathy opened up quite a new career for ladies, and if, as Dr. Johnson said, “who drives fat oxen should himself be fat,” so treatment which was gentle and fair ought to be prompted and practised by those who were gentle and fair. Coming to the subject of homœopathic hospitals, he would like to allude specially to three of them, and first of all to the London Homœopathic Hospital, the source from which the greater strength of homœopathy had been derived, and the school from which the youngest practitioners had gone forth to conquer in the homœopathic world. He felt that everyone who had the interests of homœopathy at heart must do all he could for the original centre and theatre of their system in London. He was very glad to hear that there was the probability of a beautiful building being erected and it ought to be a happy omen for the future. Secondly, he would instance the hospital in Liverpool. No one who had ever entered it, who had ever watched the careful and attentive ministrations of the doctors and nurses, could withhold his admiration for that noble institution. He had the pleasure of dining with Mr. Tate a few weeks ago, and ventured to allude to this subject. With his great modesty he at once tried to divert the conversation. This gentleman, who did not like to be proclaimed a benefactor of mankind, had provided for the physical and mental welfare of his fellow creatures. Speaking of philanthropy, and leaving for a moment the topic of their own hospitals, Dr. Blumberg incidentally touched on the philanthropy of practitioners who laboured from disinterested motives for the benefit of their fellow men. Nothing was easier than to be a philanthropist if nothing were needed beyond the signing of one’s name. The greatest philanthropists were those whom the world did not recognise as real philanthropists at all, and they knew to whom he referred. They were the doctors—“our noble selves.” (Laughter). He spoke of the hospitals in general, and of the thousands upon thousands of medical men who gave their services gratuitously to those hospitals, and often neglected their private interests for the sake of ministering to the poor. Some people would say they sought to acquire fame. But how few attained it! The real motive was an innate love of their profession. He did not wish to disparage the other professions, but there was no other profession of which

the same could be said. He hoped there was no theologian or lawyer present. (Laughter). The work of the ministers and clergy, of course, must be viewed from a higher standpoint, but as to the law, he had never yet met a lawyer who was willing to work for nothing. (Laughter). Theirs was the only profession, properly so-called, in which so many men without the hope of reward were trying to do good to mankind. It looked like boasting to say this, but the time had come to say it. Proceeding, the speaker came to the third institution of which he desired to say a word, viz., the Southport Children's Sanatorium. He was very much obliged to Dr. Clifton for the kind manner in which he mentioned that institution. He was delighted to think that the medical men present had the opportunity of seeing it, and he would, with their permission, mention one or two facts concerning it. It was more than thirty years ago that the idea came into his head to found such an institution. The origin was not exactly pure philanthropy. It arose in this way. There was a child sent to the Strangers' Charity—as it was then called—Convalescent Hospital. The parents wished it to be treated homœopathically. The authorities were willing that he should treat the case in the Convalescent Hospital, but the medical men said: "If Dr. Blumberg treats that child we strike." The consequence was that he was not allowed to treat the child as the parents wished. He then made up his mind to try and found a Sanatorium to be carried on purely on homœopathic principles. (Applause.) He obtained a small cottage, and with the help of friends and with assistance from his medical brethren, of whom he would like to mention some, now unfortunately no longer with them—Dr. Casanova, Dr. Stokes, and Dr. Harvey (applause)—the institution was carried on until it gradually developed into what they had seen that day. Since its establishment it had given shelter to and assisted in restoring to health the greater proportion of nearly 7,000 little children. (Applause). At present there were over 100 inmates, and the rate at which they were admitted was nearly 800 a year. (Applause.) He would not tire them with any further particulars, but he begged again to thank them for the kind manner in which they had received the toast. (Applause.)

Dr. J. W. HAYWARD submitted the toast of "Homœopathic Literature," which he felt sure they would all accept as heartily as he would like to propose it. He had to speak on a wide subject. The literature of homœopathy was very extensive, reaching as it did from the time of Hahnemann to the present day. They must, however, confess that the principal part was that produced by Hahnemann himself

Hahnemann's *Materia Medica* and *Organon* were the works most in request among them, and for a translation of these they were indebted to Dr. Dudgeon, who had promised as regards the translation of the *Organon* to give them a new and improved edition of that immortal work, which they would await with interest. A great deal more of what might be termed old homœopathic literature had also been extremely useful in its day—English, German, French and American—much of it too old, probably, to be familiar to the present generation of practitioners. Besides this, however, there was a great deal more that was modern and of much value to the homœopaths of the present day. He could not quote a more representative instance than that colossal work of Dr. Allen, of New York, *the Encyclopædia of Pure Materia Medica*. It was a mine of pathogenetic material, the foundation, as it were, of modern homœopathic practice, and a work to which indirectly the lay public, as well as their professional colleagues, were very greatly indebted. Indeed, had it not been for homœopathic literature there would have been very little homœopathic practice. Dr. Hayward also referred to Dr. Allen's *Handbook of Materia Medica*, and then to that great work of Dr. Hughes and Dr. Dake, of America, which was now the standard work on *Materia Medica*, *The Cyclopædia of Drug Pathogenesis*. For this work—a monument of labour, perseverance and faith in the truth of homœopathy—the professional world and the entire public owed the compilers a debt of gratitude. The profession and the public could never repay the debt which they owed to Dr. Hughes. (Applause.) If they observed historical sequence, he had omitted to refer to that grand work, *The British Journal of Homœopathy*, originated and conducted by Dr. Drysdale, Dr. Black, Dr. Russell, Dr. Dudgeon, Dr. Allen, and Dr. Hughes, old supporters and defenders of homœopathy in this country. This, when it ceased to appear was, he believed, the oldest quarterly medical journal in England. The present generation of homœopathic practitioners did not know the mine of wealth, as regards homœopathy and homœopathic information, which the pages of that journal contained. He would recommend all their young practitioners to possess themselves of a copy, and to know and feel that they had in it a grand treasure. Then they had the *Monthly Homœopathic Review* and the *Homœopathic World* in this country, together with an immense amount of homœopathic literature in America, France, and Germany, to which time would not permit him to refer. He would conclude, therefore, by emphasising the value of the services rendered to the profession by the *Monthly Homœopathic Review*, and remind them that in this connection they were extremely

indebted to their friend Dr. Pope. (Applause.) He might almost be said to have been their feeder, professionally speaking, through the principal journal of homœopathic literature, for some years, and they all hoped that he might long live and continue to occupy that position. (Hear, hear.) He therefore asked them to drink in remembrance of the old and success to the new homœopathic literature, coupling with the toast the name of Dr. Pope. (Applause.)

Dr. POPE, in responding, said he was very much obliged to them all for the cordial manner in which they had received the kindly remarks of his friend Dr. Hayward. The toast which they had just honoured was one for which it had frequently fallen to his lot to respond during the past 25 or 30 years. He appreciated most highly the generous remarks which they had so liberally endorsed with regard to the *Monthly Homœopathic Review*, with which he had for so long a period been more or less intimately associated. He would remind them, however, that the *Review* was much more indebted to those who contributed to its pages than to its editors. It was to the medical men who practised homœopathically throughout the country, and who were willing to place on record the results of their experience and their study, that it was really indebted for whatever it contained of value to the homœopathic community. The editors were merely collectors and conductors (No, no); the quality of the *Review* depended on those who were willing to contribute to its pages. He had frequently appealed to them to co-operate in this matter. On the present occasion he had more reason than ever to ask them to co-operate with the editors of the *Homœopathic Review* in making that journal as useful and as interesting as it could be made, as they all wished it to be made—by somebody else, perhaps. (Laughter.) But he had recently been told by a very old friend of his, a very kind friend, and a very candid friend, that his appeals to them on previous occasions to co-operate with him in making the *Review* good and useful had been marked by very singular feebleness. Well, for his own part, he was not at all surprised. He thought that appeals to help in the promotion of a great truth like homœopathy should rather be in the nature of hints than of strong addresses. To make strong appeals to medical men who were practising homœopathically, who were supposed to be interested in the promotion of homœopathy—who might, in fact, be understood to have a direct interest in its development—to take a part in that work seemed to him to be really hardly civil to them. It was only natural that they should be anxious to do so, because they were, as they knew, in the possession of a very great truth, and a truth which more than 19 out of every 20

medical men in this country were not familiar with. And yet from want of this familiarity, the mortality from disease was greater than it need be, the recoveries from disease were less perfect than they should be, this entirely from ignorance of that great truth with which they were all familiar. How great was the importance of this truth they had that afternoon heard strikingly illustrated, for he felt quite sure that the brilliant results which Dr. Burford was able to show them would never have been achieved but for homœopathy. (Applause.) Chloroform did a great deal for the progress of surgery, antiseptic work did a great deal for the development of surgery, but homœopathy was going to do a great deal more than either for the success of the operating surgeon. (Applause.) Now he would put it to them. They were in possession of this great truth, and he contended that the possession of a truth of that kind involved a very heavy responsibility. They were responsible for knowing that truth, they were responsible for taking a part in the work of disseminating the knowledge of that truth, and in that of perfecting and developing that truth. The late Dr. Drysdale said on one occasion that it would require the whole strength of the medical world to perfect and complete the practice of homœopathy. They were bound, therefore, those who were themselves familiar with the truth of homœopathy were bound to do their very best to disseminate it and to develop it, and they offered them the pages of the *Review* in order to enable them to fulfil their responsibility. In the second place, it was to their interest to develop it. It was a perfectly well-known fact that the teacher was often more advantaged by what he taught than his pupil. It was the work of getting up a case, it was the work of studying a medicine, it was the work of looking into principles and finding authorities, the work of putting the results together and satisfying themselves that they really knew and understood what they were writing about, that did the authors of contributions to literature such an infinite amount of good. He remembered that on one occasion, at one of their Congresses, a colleague, when endeavouring to stimulate his hearers to do some teaching work at the London Hospital by way of provoking them to good works, confessed that in the days when he was a Sunday-school teacher, he learnt a great deal more from his Sunday-scholars than his Sunday-scholars learnt from him. Consequently, he earnestly advised them, for their own sakes, to work. In the same way he would now appeal to them, as homœopathic practitioners anxious to disseminate the knowledge of homœopathy, anxious to make themselves as perfect in the knowledge

of *Materia Medica* as possible, anxious to become as familiar with facts concerning disease as their opportunities permitted, to cultivate the *Materia Medica*, to cultivate the knowledge of disease, and to place the results of their cultivation before them on paper and in print through the *Review*. In that way he felt sure they would be doing a great deal to promote the principles they professed, and would be fulfilling a very important part of their duty in life. (Applause.)

Dr. DUDGEON, who was received with applause and the singing of "For he's a jolly good fellow," was the next speaker. He said Dr. Blumberg came to him that morning and asked him to propose the toast of "Homœopathic Literature," but he begged to be excused on the ground that he was too familiar with homœopathic literature, and felt sure Dr. Hayward would be able to do it greater justice. The toast he had selected—because he made a choice—was "Southport: its prosperity." He was, he considered, admirably fitted to propose this toast, because he knew nothing whatever about Southport, and could therefore approach the subject, with an entirely unprejudiced and unbiassed mind. (Laughter.) At the same time he reflected that he ought to know a little of Southport before he proceeded to speak upon it, and so he made a study of the subject. In the first place it occurred to him that Southport was a very curious name to give to a place which he had travelled 200 miles north to reach. (Laughter) In the second place, he looked out for a port. Well, he thought the best way to find a port was to get as near the sea as possible, so he went out upon the pier. Having paid his twopence and walked two or three miles—(laughter)—he came upon a discovery which he thought bore upon the subject of the toast—the discovery of an entirely new industry. He saw artists employed in designing all sorts of beautiful buildings, cathedrals, bridges and so on, in the sand, with their feet. (Laughter.) He was led to ask himself, if the people of Southport were so clever with their feet, what must they be with their heads? On second thoughts, however, it seemed to him that the results of that industry could not be very long-lived, as surely when the sea came these beautiful and artistic productions would all be washed away. But then he was told the sea never came up upon the sand. (Oh, and laughter.) He could not, therefore, think that this was the only industry of Southport, so he got hold of a native, and asked him what Southport was distinguished for. "Oh," said he, "schools, spinsters, sand and shrimps." (Laughter.) Presently he accompanied Dr. Blumberg to the Children's Sanatorium, where he saw numbers of children who

had recovered from various diseases, dancing and singing in all the enjoyment of renewed health. Here he thought he had alighted upon an enterprise, of which Southport might well be proud, and to which they would all wish prosperity. (Applause.) One thing that had impressed him very favourably in regard to Southport was the address they had heard from their President. He would have gone many more miles to hear such an eloquent and valuable discourse—(hear, hear)—notwithstanding that some of his remarks rather raised thorns of conscience. He discouraged controversial literature, and said the controversial literature of homœopathy had done no good. Now, for 50 years of his life he (Dr. Dudgeon) had been incessantly employed in controversial literature—(laughter)—and had it very strongly at heart. He began to think that if what the President had said were true he must turn over a new leaf. The President also told them that large doses produced the opposite effect to small ones. Hitherto he had indulged in large doses of controversial literature, and if these had done nothing but harm he must in future confine himself to small doses, which, he hoped, would do nothing but good. (Laughter.) In conclusion, he was sure they would all go away feeling that they had held in Southport one of the most successful meetings of the Congress that had been held within their recollection, and accordingly he asked them to drink with all heartiness to the prosperity of the town in which they were met. (Applause.)

The REV. J. CHATER, of Southport, whose name was coupled with the toast, responded, and dwelt upon the beauty and salubrity of the town, speaking of it especially in its connection with the exercise of the healing art. Its prosperity originated in its fine air, which made it one of the most celebrated and health-giving resorts in the Kingdom. He believed no town possessed a more skilful body of physicians and surgeons. (Applause). He might himself claim to be slightly connected with their profession, having many years ago been associated with an infirmary in the West of England, and he still had amongst his papers a testimonial from some physicians and surgeons there which he valued exceedingly, and which, had he not chosen another sphere of life, might have helped him to advancement in the profession which they exercised. He was very glad to speak concerning that branch of the medical profession to which they belonged. Their's was the heresy, he supposed, and they were the heretics, of the medical profession. But in spite of scorn and ridicule, they had lifted up the truth in which they believed to a high position in the country. Not only the members of the pro-

fession themselves, but those laymen who had sympathised with them, had sometimes been the objects of scorn, and there were friends of his who, knowing he was a homœopath, were inclined to regard him as a deluded person. He had heard it suggested that homœopathy was only patronised by women and parsons. But he was not at all ashamed of being in that category. Women in these days were supposed to have the clearest eyes and the truest intuition, and he had found that parsons were not altogether fools. (Hear, hear and laughter.) He had by an experience of many years proved the truth of their system, and he thanked them, on behalf of Southport, for the honour of this visit. (Applause).

Dr. HUGHES said a very pleasant duty had been entrusted to him, viz., to ask them to drink the health of their President. He felt at first that he was placed at some disadvantage in undertaking this task, because up to that evening his acquaintance with Dr. Ramsbotham had been very limited, and he had not, as Dr. Pope had shown in his remarks after the address that he had, an acquaintance with their President's father, so that he could not speak with the same knowledge of his history and doings. But he found this disadvantage, after a time, to merge into a positive advantage. When he listened to the opening sentences of their President's address, he felt within himself, like Keats' astronomer, when some new planet wandered within his ken. When he listened to those well-constructed sentences—(hear, hear)—and to the graceful modulation of the voice in which those sentences were delivered, he "as the bee upon the flower, did hang upon the honey of his eloquent lip"—the whole speech was to him an agreeable solace, an intellectual delight, and he enjoyed it the more from its being unexpected. Now that he knew Dr. Ramsbotham, now that he had tasted of his quality, he could with the greater feeling and earnestness, and in the warmest possible manner, propose the toast of his health. He asked them, then, to drink his health for his own sake, for they must all wish him well, for the sake of his relatives, several of whom were present, and for the sake of their common cause, for he felt sure that a man of the capabilities which Dr. Ramsbotham had shown throughout his management of their Congress ought not to limit his energies to the sphere of Leeds, ought not to be known only as a successful private practitioner. (Hear, hear.) Dr. Ramsbotham should come forward in their ranks. He should join the British Homœopathic Society; we should let his voice be heard at their meetings, and let his name appear in connection with papers read there for their information and discussion. (Hear, hear.) There was a great future dawning for homœopathy. The

publication, which would shortly take place, of Hahnemann's *Organon*, translated and edited as it never had been before, would, he believed, force that great work on the attention of the medical men and medical journals of the day. The rebuilding of the Homœopathic Hospital, of which they had also heard, would call attention to their system in a striking manner, and the endeavours they were making to have a chair of homœopathy founded in connection with the new teaching university for London—(loud applause)—even if they were not, as he hoped they might be, immediately successful, would nevertheless be of great benefit as an assertion of their claim for homœopathy, to be taught as a genuine branch of human knowledge that Her Majesty's subjects should be provided with properly qualified homœopathic medical practitioners. He asserted, therefore, that there was a great future dawning before homœopathy at the present time, and they needed that all their ablest men should come forward as workers and combatants in their ranks. They could not spare such a man as Dr. Ramsbotham to the north only—he was not contrasting north with south—he must come forward as one of the representatives of all England. He must be one of those who, when the time came for mounting upon the fortress which had so long withstood them, should lead them in scaling the walls. Hoping all this, he asked them to drink the health of Dr. Ramsbotham, for his own sake, that of his family, and that of the great cause they had at heart. (Applause.)

The toast was received with musical honours.

Dr. RAMSBOTHAM, in rising to reply, said he felt himself placed at a considerable disadvantage in having to acknowledge the reception they had given him. He felt overpowered by the extreme kindness Dr. Hughes had shown in speaking of the address he had the honour to deliver that morning. When they elected him to the office of President last year, he undertook the task with a great deal of diffidence, and he could only say that in so far as this meeting had been successful, it had been due, not so much to him as to the very kind manner in which they had all supported him and carried him through the duties of the day. He was very sorry if anything he had said in his address hurt the feelings of his old friend Dr. Dudgeon. He did not think that what he said quite bore the meaning Dr. Dudgeon had put upon it. He would now appeal to them, however, not so much to drink the health of a President whom they knew to be already moribund—for his term of office ceased immediately—but rather to drink the health of the coming President, Dr. Hawkes. (Applause.)

Dr. HAWKES, whose health was cordially received, assured

them that nothing ever surprised him more than that they should have chosen him to occupy the chair at their next Congress. For the second time that day they had placed him in a position of unaccustomed eminence, and he felt to some extent embarrassed in having to respond to their kind wishes. Still, he was extremely obliged to them for their kindness, and at the same time he felt that he merited their sympathy. To follow such a President as they had in the chair that evening would be a matter of extreme difficulty. He, like Dr. Hughes, was remarkably pleased with the Presidential address they had the pleasure of listening to that morning. He was reminded of a remark made by his old friend, Dr. Clifton, when he was elected to a similar post, that he had a year of almost painful suspense before him. He trusted that the good health which they had wished him might be vouchsafed, and if it was, as he once had occasion to say many years ago in Liverpool, it should be used to the utmost of his ability for the advantage of those who practised homœopathy. He looked forward with the greatest possible pleasure to meeting them in Northampton, in still greater numbers, at next year's Congress. (Applause.)

Dr. A. CLIFTON proposed: "The British Homœopathic Society and kindred societies." He said, in the course of his remarks, that at the end of the last session of the British Homœopathic Society, various propositions were brought forward by Mr. Knox-Shaw for enlarging the scope and interest of that Society. Some of those resolutions were carried. He believed there was a difference of opinion among some of them as to how far others would have been for the interest both of the Society and of homœopathy. He largely agreed with them. This was not the place to discuss them, and he only hoped that, whether they agreed with them or not, they would sink any minor differences, and work heart and soul together to make the British Homœopathic Society and all kindred societies as useful and efficient as they could possibly be made. He coupled with the toast the name of Mr. Knox-Shaw. (Applause.)

Mr. KNOX-SHAW said he was extremely proud to have been associated with the toast given to them by their old friend, Dr. Clifton, and partly so because by a fortuitous arrangement of circumstances, and the goodwill of his colleagues, he happened to be just now somewhat identified with the interests of the British Homœopathic Society. As most of them were aware, he ended his presidential year with some suggestions for the better organisation of the homœopaths of this country, and he was aware that in doing so he had had the candid criticism of the representatives of homœopathic

literature. He did not know whether on an occasion of this kind they might venture to tear the veil from the terrible "we" of journalism, but he might say that he thought he recognised under that mysterious personality his good old friend the "Homœopathic Literature" of that evening. Now, he dared say that all of them had read—if they had not they should have done—the *Monthly Homœopathic Review*. (Hear, hear.) There they would have seen a criticism, given kindly and ably, of the proposals which he made at the last annual meeting of the British Homœopathic Society. All he could ask of them was to read those criticisms, and to believe that in spite of the arguments of the powerful "we" there was not a single man present who, if he read the introductory part of that very interesting paper, would not at once join the British Homœopathic Society. There might be certain objections to some of the proposals which he had made; but what he felt very strongly, however, was this—that to complete the good work which had been set before them that morning they must organise their forces, and they could not find a better way of organising their forces than by associating themselves, with all due deference, into a very powerful trades union. They had heard that morning of the trades union of the British Medical Association. He believed they would do themselves an infinite amount of good if they organised themselves into as powerful and as influential an association as the British Medical Association. (Hear, hear.) To do that it was necessary that all who were interested in homœopathy should so far as possible join them—(hear, hear)—and that they should sink all minor differences in the advancement of the one great cause in which they so thoroughly believed. It was, therefore, to their self interest to aid in the promotion of the doctrines of which they were the exponents. He looked to the formation of branches as extremely important, and he hoped before long to have the pleasure of meeting different members of the various homœopathic societies already in existence, and personally explaining to them the objects he had at heart, for the purpose of seeing if it was not possible for them to join the British Homœopathic Society. As they all knew, that society was not a local London society. It included members in other parts of England, as well as in Scotland, Ireland and Wales. It was in the truest sense an association of British homœopaths. He hoped he did not weary them by reiteration on this subject. It was one which he had very strongly at heart, and he could not let slip what he looked upon as valuable opportunities of pressing it upon their attention.

The only point upon which the editorial "we" differed from himself was in the matter of placing on record the transactions of their society. He thought he should be able most conclusively to show that this might in no way interfere with such a valuable journal as the *Monthly Homœopathic Review*. He was reminded in his efforts of one of the coster songs of the celebrated Albert Chevalier, which ran somewhat as follows: "Oh! 'Liza, sweet 'Liza, if you die an old maid, you'll only have yourself to blame"—(laughter)—and he felt that if any one present died without becoming a member of the British Homœopathic Society, the blame would rest upon his own head. (Applause.)

The remaining toast on the list was the Secretary and local officials, and the company separated after singing "God save the Queen," thus bringing to a close in the time-honoured manner the proceedings of the Congress of 1892.

AMERICAN NOTES.

At the last meeting of the American Institute of Homœopathy, it was resolved to signalise the coming year; one which it is hoped will be marked by festivities and general rejoicings in order to celebrate the arrival, five hundred years ago, of Columbus on the shores of the now United States, by erecting a statue of Hahnemann in the City of Washington. A committee was appointed to raise subscriptions for the purpose. "We intend," writes a correspondent, "to erect a work of art of which not only we but our successors may be proud. For this purpose the committee will ask contributions from the laity, who have received the benefit of his discovery. Although but little publicity has been given to the subject, there have been many large subscriptions."

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In States of the Union where homœopathy is not so widely known as it is in most of them, attempts are being frequently made to pass a measure through the State Legislature so framed as to render it next to impossible for a physician to practise homœopathy within the jurisdiction of that particular State. This manœuvre was tried in Louisiana in 1890, and very nearly succeeded—the homœopaths of the State not hearing of its introduction until it reached its third reading. Then, throwing American energy into the work of "calling a halt on that Bill," a committee went down to the seat of the Legislature, "explained the situation and the *animus* prompting the presentation of the Bill by the old school, and its defeat was secured without difficulty." A similar attempt was made again last spring. Again "a committee

was promptly despatched to the seat of war, and open fight was made on this Bill, with the result that it was indefinitely postponed on its first reading." And now the *New Orleans Medical and Surgical Journal* frankly admits that if the old school ever wishes to pass a Medical Bill in Louisiana they must agree to meet a committee of homœopaths and frame a measure satisfactory to both schools. A similar fight has, on two occasions, been successfully contested by the homœopaths in Texas. Dr. Fisher, of San Antonio, Texas, who communicates these facts to the *Minneapolis Homœopathic Magazine*, writes:—
" We have little difficulty in convincing legislators that there is a degree of intolerance and bigotry in the organised old school, which renders it absolutely unsafe to entrust homœopathy to them, no matter how small the majority they ask for on a board of examiners. They usually, very promptly, furnish us with all the evidence needed to prove this point. Should they happen to be a little slow in doing so, a little scientific manipulation of their tempers will soon set the evidence in motion, and they will grind out plenty of it on short notice, if given opportunity. They think it smart to abuse and ridicule homœopathy before a legislative committee, but it is easy to show to an unprejudiced mind that it is not safe to trust the interests of our school to a profession who grant us neither professional, social or legal recognition."

* * * * *

Homœopathy is gathering strength in Baltimore. Our medical friends there have, through the medium of their Medical Investigation Club, been doing good useful work in *Materia Medica* for some time past; the Southern Homœopathic Medical College, of which we gave our readers a brief account a few months ago, has been firmly established in their midst; and now they have purchased the *Southern Journal of Homœopathy*, hitherto conducted by Dr. Fisher, of San Antonio; it will be edited by Dr. Eldridge Price, of Baltimore, an accomplished and energetic physician, and will be conducted as the organ of the college.

* * * * *

In Chicago everybody is stirring to put in as good an appearance during the "Columbian year" as lies in his power. Dr. Ludlam and his friends at the Hahnemann Hospital and Medical College are resolved to be in as "good shape" as the best of their neighbours. Hence, the College has been rebuilt, and was to be ready for occupation last month. The "corner stone" was laid with becoming ceremony on the 20th of last August, under the auspices of the Lakeside Lodge of the Grand Masonic Lodge of the State of Illinois, in the presence of 2,000 people.

The hospital, we are told in the *Clinique*, "materializes a little more slowly." Money, however, is coming in apace. Two donations, one of \$10,000 another of \$40,000, having recently been received. Doubtless those of our colleagues, who may be fortunate enough to be able to go over next year to see the "World's Exhibition," will have the opportunity of inspecting it in full working order.

* * * * *

In Boston also, well provided as it is with hospital accommodation, a piece of land has just been purchased in an excellent situation, at a cost of \$100,000, for the erection of a hospital, to be called The Mellen Hahnemann Hospital, Mellen being the name of one of its chief "financial backers." From the names of the gentlemen who are to form its medical and surgical staff, we presume that this institution is not only to represent homœopathy, but to show forth the pre-eminent virtues of the "CM." dilution—whatever these may be!

A MEDICAL MAYOR.

WE have had much pleasure in hearing that Dr. CROUCHER, J.P., has been elected Mayor of the Borough of Hastings for the ensuing year. The compliment which has been paid to our colleague by the municipal representatives of the town in which he has resided during so long a series of years, is enhanced by the circumstance, that, though an Alderman of Hastings from 1874 to 1880, his connection with the Town Council was severed a long while ago, he has been chosen from the "outside." During his official career Dr. Croucher was for four years the Chairman of the Sanitary Committee of the Council, while for fourteen years he has been a Vice-President—Lord Brassey being the President—of the Sanitary Aid Association of Hastings. The opposition raised to Dr. Croucher's election was purely political, members on both sides expressing their great respect for him and the high esteem in which he was held throughout the town; one of the Councillors, formerly a medical practitioner, adding that "amongst the medical profession of the town Dr. Croucher was highly respected and esteemed." Some slight attempt at depreciating him was made on the ground that he practised homœopathically, but as Mr. Knox Shaw, the chosen of the opposite party, had already filled, with the greatest efficiency, the post of Medical Officer of Health for the borough, this contemptibly ridiculous objection was simply laughed out of the Council meeting. Since the election he has received warmly expressed congratulations from his medical neighbours and from the

adherents of both political parties in the town. To these we would add our own ; and at the same time congratulate the burgesses on having as their chief magistrate so thoroughly efficient and experienced a gentleman as our excellent colleague Dr. Croucher.

THE TREATMENT OF PLEURISY.

THE October number of *L'Art Médical* contains some examples of the method of treatment pursued by our distinguished colleague, Dr. Jousser, of Paris, which will be of interest to our readers in connection with the discussion on the treatment of pleurisy, which took place at the last meeting of the British Homœopathic Society. Three cases of pleural effusion, two recent and one old, were admitted into the Hôpital St. Jacques within a comparatively short period of time. The first was that of a gardener, aged 32. A considerable effusion into the left pleural cavity caused the usual physical signs, but did not displace the heart. Absolute rest in bed and *canth.* 3 were prescribed ; after two days free diuresis set in, the urine amounting to over 2 litres. The dulness, which had extended to the clavicle, began to lessen. After nearly three weeks, *hep. sulph.* was given on account of cough, the *canth.* being resumed after four days. A few days later the patient left the hospital quite cured.

The next patient, a butcher-boy of nineteen, had a more considerable quantity of fluid in his right pleura. The liver was depressed ; there was dyspnœa on moving, and remittent fever. The urine was scanty. No dyspnœa when at rest. Five days of *canth.* 3, and two days of *bry. φ* produced no result. On giving *canth. φ*, however, diuresis set in ; the liver rose in the abdomen. When all was apparently going on well, a sharp attack of congestion and œdema of the left (sound) lung set in. Dyspnœa at rest, and a condition of some gravity being present, a small quantity of fluid was withdrawn from the chest. Cough and weakness of pulse made it necessary to discontinue the aspiration when only 400 cc. of fluid had been removed. The well-known result of a small evacuation stimulating the process of absorption followed in this instance. The fluid steadily and slowly disappeared. The *canth.* was continued with a short interruption on account of pain in the side (for which *ranunc. bulb.* was given) until the patient left the hospital entirely cured in five weeks from the date of his admission.

The third case was that of a woman aged 32 ; she had pleurisy eight months before. The heart's apex-beat was

under the right nipple; the physical signs were of the most pronounced; after two months' medication by *canth.* and *hepar.* the progress was found to be somewhat slow, and paracentesis was resorted to. A litre of turbid fluid of a sero-purulent nature was removed. This was followed by relief to the breathing and by an improvement in the physical signs; but the fluid re-accumulated. During the next two months six aspirations were performed, the patient continuing to take internally, either *canth.*, *hepar*, or *sulphur*. At the end of this time, although the fluid was re-forming, the patient considered herself quite well, and left the hospital. During no part of the time was there any fever. When she left the hospital the heart had returned to its place and vesicular breathing was audible all over the lung.

Dr. Jousset's indications for thoracentesis are—(1) threatening asphyxia; (2) syncope occurring at any period of the pleurisy; and (3) failure of the medicinal treatment to remove the effusion. In a new case he would give six weeks' trial to medicines, but in one which had already lasted several months he would continue medicines only for a period of not longer than three weeks if no improvement were manifest. His reason for delay in recent cases is that the fluid is likely to re-form. For empyema in children, Cadet employs paracentesis every five days if the effusion has not lasted more than six weeks. If the fluid lessens, a cure is obtained after four punctures; if after two punctures the fluid has not diminished, or if the effusion has lasted more than six weeks, he proceeds to operative measures.

THE MATTEI MEDICINES.

THE *Medical Press and Circular* has been threatened with an action for libel by a firm of solicitors acting on behalf of Count Mattei, for stating that his remedy is utterly valueless for the purpose for which it is recommended, and that it is in every respect a delusion and a snare. "From that position," says our contemporary, "we are not prepared to retire."—*Chemist and Druggist*, Oct. 29.

LECTURES AT THE LONDON HOMŒOPATHIC HOSPITAL.

WE are able to announce that the post-graduate lectures at the London Homœopathic Hospital will be commenced next month.

Dr. Dyce-Brown, as Bayes Lecturer, will inaugurate the course. Subject, "On Some Functional Disorders of the Digestive Organs, and their Appropriate Treatment," on January 13th and 27th, at the Hospital, at 8 p.m.

CONTRIBUTORS FOR 1898.

The following gentlemen have promised contributions to the pages of the *Review* during the ensuing year.

A. SPEIRS ALEXANDER, M.D., M.C.
S. P. ALEXANDER, M.D., C.M.
J. GALLEY BLACKLEY, M.D.
EDWARD BLAKE, M.D.
J. GIBBS BLAKE, B.A., M.D.
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DUDLEY WRIGHT, M.R.C.S.
PERCY WILDE, M.D., C.M.

CORRESPONDENCE.

A HOME FOR INVALIDS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Our colleagues, especially those who reside in London, will be interested in knowing that a home for Invalid Ladies and Children has been opened at Westgate-on-Sea (7, Roxburgh Road), and will be under efficient homœopathic medical supervision.

Mrs. Norry, who is making this venture, is a trained nurse, and has nursed for me to my entire satisfaction. She is the widow of a medical man, and is well qualified for the position she is assuming, and I feel sure that patients may safely be sent to her care.

Believe me,

Yours faithfully,

FREDC. NEILD.

Tunbridge Wells,
November 14th.

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2; Diseases of the Throat, Mondays, 2.30.

Communications have been received from Dr. BURFORD, Mr. KNOX SHAW, Mr. CROSS, Dr. COOPER (London); Dr. RAMSBOTHAM (Leeds); Dr. MURRAY MOORE, Dr. E. CAPPER (Liverpool).

ERRATA.—P. 647, line 13 from the bottom, for "produce" read "producer." P. 659, line 14 from the top, for "Bachr" read "Baehr." P. 679, line 7 from the bottom, and p. 680, lines 2 and 6 from the top, for "Groom" read "Croom," P. 662, line 11, and p. 665, line 25, for "pathological" read "pathogenetic." P. 689, lines 8 and 24, for "genus" read "genius." P. 690, line 8, for "antim. cand" read "antim. crud;" line 18, for "ipecac." read "ignatia;" line 32, for "pleurosthotmos" read "pleurothotonos."

BOOKS RECEIVED.

Rheumatism and Sciatica. By J. H. Clarke, M.D. London: James Epps & Co., 170, Piccadilly. 1892.—*Fever Nursing.* By May Harris, Matron Suffolk General Hospital. London: The "Record Press," Limited.—*Physician's Visiting List and Pocket Repertory.* By Robert Faulkner, M.D. New York: Boericke & Tafel. 1892.—*Action of Crocus Sativus upon Ears.* By R. T. Cooper, M.D.—*Our Meanest Crime.* By J. H. Clarke, M.D. London. 1892.—*The Homœopathic World.* London. Nov.—*Medical Reprints.* London. Nov.—*The Chemist and Druggist.* London. Nov.—*The Monthly Magazine of Pharmacy.* London. Nov.—*The Nurses' Journal.* London. Nov.—*The North American Journal of Homœopathy.* New York. Nov.—*The New York Medical Times.* Nov.—*The New York Medical Record.* Nov.—*The New England Medical Gazette.* Boston. Oct. and Nov.—*The Hahnemannian Monthly.* Philadelphia. Nov.—*The Homœopathic Physician.* Philadelphia. Nov.—*The Clinique.* Chicago. Oct.—*The Medical Advance.* Chicago. Oct.—*The Medical Era.* Chicago. Nov.—*The New Remedies.* Chicago. Nov.—*The Minneapolis Homœopathic Magazine.* Oct.—*The Homœopathic News.* St. Louis. Oct.—*The Californian Homœopath.* San Francisco. Oct.—*The Southern Journal of Homœopathy.* Baltimore. Oct.—*The Homœopathic Envoy.* Lancaster. Nov.—*The Annals of Electro-Homœopathy.* Geneva. Nov.—*Revue Homœopathique Belge.* Brussels. Sept.—*Bull. Gén. de Thérap.* Paris. Nov.—*Revista Omio-patica.* Rome. Sept.—*Populäre Zeitschrift für Hom.* Leipzig. Nov.—*Gaz. Med. di Torino.* Oct.-Nov.—*Hom. Maanblad.* The Hague. Nov.—*Journal of Ophthalmology, &c.* New York. October.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

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